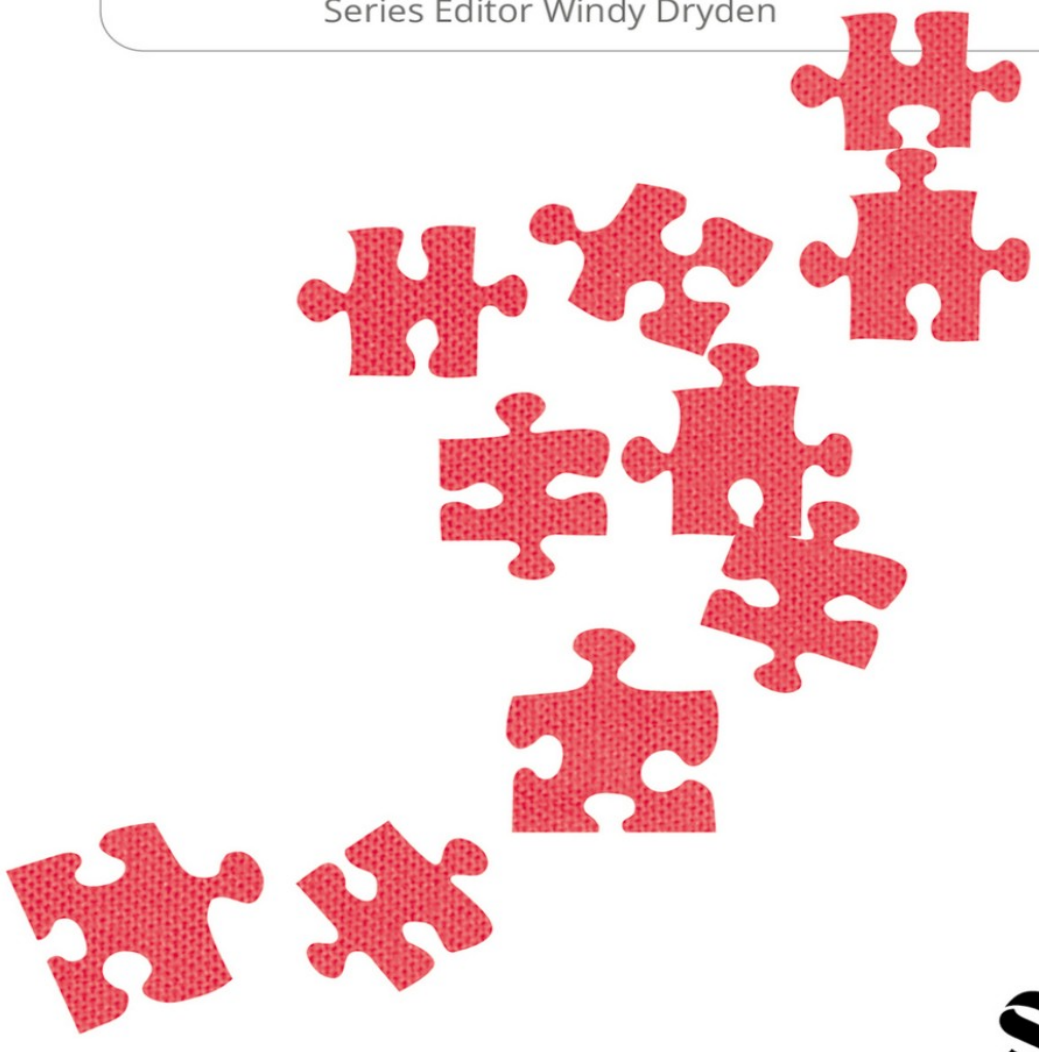
Standards and Ethics for Counselling in Action

6th Edition

Andrew Reeves & Tim Bond

Sage Counselling in Action
Series Editor Windy Dryden



STANDARDS AND ETHICS FOR COUNSELLING IN ACTION

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Series Editor:

Windy Dryden

Los Angeles

London

New Delhi

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Washington DC

Melbourne

3rd Floor

HYLO

103–105 Bunhill Row

London, EC1Y 8LZ

UK

2455 Teller Road

Thousand Oaks

California 91320

10th Floor, Emaar Capital Tower

2 MG Road, Sikanderpur, Sector 26

Gurugram, Haryana – 122002

India

8 Marina View Suite 43-053

Asia Square Tower 1

Singapore 018960

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ONLINE RESOURCES

This sixth edition of *Standards and Ethics for Counselling in Action* is accompanied by videos, book chapters and journal articles about ethical practice to support your study and assist in teaching. These are available at:

https://study.sagepub.com/reevesandbond6e.

ABOUT THE AUTHORS

Andrew Reeves is an Emeritus Professor in the Counselling Professions and Mental Health and Associate Affiliate Professor at the University of Malta. He is additionally a Senior British Association for Counselling and Psychotherapy (BACP) Accredited Counsellor/Psychotherapist, a Registered Social Worker and a Senior Accredited Coach and Coach Supervisor with the European Mentoring and Coaching Council (EMCC). He is a past Chair of the BACP, a Fellow of BACP and a Senior Fellow of Advance HE. He has published extensively on working in counselling and psychotherapy, and particularly in working with risk in a range of organizational settings. He is past Editor-in-Chief of the journal *Counselling and Psychotherapy Research* and has a long-standing commitment to ethics in the counselling professions, including in writing and research.

Tim Bond is an Emeritus Professor of the University of Bristol and former Visiting Professor to the University of Malta. He has a long-standing commitment to researching and writing about professional ethics for the talking therapies and promoting mental wellbeing. He is a former consultant to the British Association for Counselling and Psychotherapy on professional ethics and standards. Now retired from practice, he has more time to reflect on current ethical issues for counselling when not in his studio painting or undertaking moth surveys.

ACKNOWLEDGEMENTS

We are delighted to be working together again to bring this text up to date at a time of much change, turmoil and opportunity in the world. The chance to share perspectives and reflect on how changes in the practice of counselling and the ethics that underpin it have shifted in that time has, once again, been a rewarding process.

We are, as always, greatly indebted to the team from SAGE, particularly Susannah Trefgarne, Harry Dixon and Martin Fox, and equally to the legal and ethical expertise of Ba Mitchels, with whom Tim has co-authored many books and valued many discussions about ethical and legal issues.

We are particularly grateful to the counsellors and therapist who generously agreed to take on roles in the video clips that accompany this book. They are Leanne Hoffman, Emily Holt, Anne Stokes and Sarah Williams. They brought what is exemplary in the videos from their own expertise and experience. Whatever is questionable is the result of instructions given to them by Tim to encourage viewers to reflect on ethics and standards. Further to acknowledge the actors, Tor Clark and James Messer; Phil Desmeules, Actor Liaison; Emily Smail, Runner; Nic Giammetta, Sound; David Smail, Camera; and Jo Sutton, Director.

Families, friends and good colleagues are always critical in the development of books such as this. It is they who have accompanied us on our respective journeys that have been so critical in developing our world views and the sense we have made of the ethical opportunities and challenges that have come our way; they have, without doubt, been figural in shaping the position we have taken in our writing here. For Andrew, huge thanks go to Diane, Adam, Katie and Emily for their continued steadfast support and belief. To Lynne Gabriel for inviting me to write a book with her about relational ethics, and Sue Dale, Marita Morahan and Myira Khan for being such a wonderful collaborative team to work with in the re-

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In each previous edition I, Tim, have sought to acknowledge the impact of writing these books on my family. There is always a tension because writing is largely solitary and sometimes leaves me absent-minded, even when I am trying to be sociable and enjoy the people around me. Jan, as always, has offered words of wisdom and encouragement as we navigate busy professional lives with the joys and demands of family life. We are conscious of how each edition has marked a different stage in the lives of our children. At the time of the first edition Sam was a 'bump' eagerly awaited by his toddler sister Zoe. Now both are young adults building their own trajectories through life – except when interrupted by me for technical advice on computing and new technology! However, some habits have passed through the generations. They are both interested in ethics and quick to spot any of my ethical failings in our lives together – often accompanied by lively discussions and laughter. Their questions and challenges are a constant reminder to me that ethics are about how we live together as people and face the challenges of life.

The last edition of this book was completed during the Covid-19 pandemic. While the acute impact of that pandemic has passed, the echo of those years continues to reverberate through communities and society: the impact of long Covid, the loss and trauma experienced by many and, of course, that the Covid virus and its variants continue to be experienced by many. This edition is updated in the context of the lasting impact of Covid, but also of social unrest, armed conflicts, political unease, the ever-growing impact of social media and the uncertain dangers and opportunities of artificial intelligence. How we navigate the world continues to be a human imperative and ethical thinking will also continue to be the beacon by which we might steer.

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1 Introduction

Chapter overview

Good practice that benefits clients requires an understanding of standards and ethics as the basis for earning a client's trust. Key terms are defined with examples of common sources of misunderstanding. This chapter considers positive ethical standards and examples of the poor practice these are designed to counteract. It concludes with the basic question 'Why be ethical?'

Key words

standards, ethics, morals, ethical standards, trust

Counselling ethics do not stand still. New issues emerge. New practices develop. Our clients' expectations change. The regulatory and legal context of our work evolves. In this sixth edition we have updated the information in the light of this changing world, recognizing the impact of social changes in which counselling is contextualized, such as the #BlackLivesMatter and #MeToo movements, new conflicts that have emerged across the world and the impact they have on population movements across countries, changes forced upon the nature and delivery of counselling during the Covid-19 pandemic and beyond, the increased use – and impact – of social media and the emergence of artificial intelligence. Ethics continue to provide an imperative for the delivery of high standards of practice in the counselling professions and the need to evolve in the light of those changes too. These will be further explored with

additional features: *Pause for Reflection* and *Social Justice in Context*. This new edition works to capture the changing context in which counselling is practised and how we, as counsellors, can navigate those ethical challenges to support our clients, ourselves and ensure the profession remains a viable option for people who experience difficulty and distress.

How to use this book

This book is intended to be practical, and the hope is that many people will want to read it from cover to cover. Contents have been organized so that the logical structure of counselling ethics and standards of practice becomes apparent progressively throughout the book. However, when working with clients there is not always the time for extensive reading when information or inspiration is needed; we tend to dip into books looking for specific topics. In keeping this in mind, related issues have been grouped together into chapters. The Index at the end of the book is designed to help you locate passages on specific topics.

We begin by explaining why standards and ethics are important and describe the contribution and role of the British Association for Counselling and Psychotherapy (BACP) and other national organizations in developing standards and ethics for counsellors. The second chapter considers the fundamental question about what counselling is, with some consideration of therapeutic coaching as an emerging field. This answer is so important if we are to decide which matters fall within the scope of counselling and which more properly belong to other roles and are therefore covered by different systems of ethics and practice. The third chapter provides a review of the main sources of material to produce standards and ethics. The emergence in counselling of a commitment to relational ethics is outlined and discussed in Chapter 4. All the following chapters take a theme or closely related set of issues and explore it in more detail in ways which we hope will be useful to practitioners. It is part of the nature of this subject that, in the last resort, every practitioner must

assess each situation for themselves and reach a personal decision, so the last chapter proposes a procedure for assessing and resolving dilemmas about standards and ethics.

Concerns about standards and ethics

In preparing this new edition, we have drawn on many years' experience as members of various ethics and professional conduct committees, both as former Chairs of BACP, and both involved in writing and developing ethical frameworks for the counselling professions. Some of the issues that cause counsellors most concern are misunderstandings about the following.

What counselling is, or is not, and the results of this

Inappropriate referrals: 'I want you to counsel Jason off this course,' or 'Would you see Sally and counsel her to take early retirement because we need to reorganize the distribution of work in her office?'

Inappropriate expectations of the counsellor in relation to confidentiality: 'I wouldn't have asked John to see you if I had realized you wouldn't tell me what he said to you.'

Confusion among counsellors about the limitations of confidentiality: 'Am I obliged to report all instances of suspected child abuse?'

Questioning the opportunities and limitations of counselling: 'Wouldn't it be better to intervene to stop people being emotionally traumatized by the bully rather than continuing to patch up the casualties?'

Adapting ethics to different cultural contexts: 'How far should I adapt my counselling ethics to meet the needs of clients from different cultures and social contexts?'

Adapting ethics to new methods of delivering counselling: ‘How should I adapt to providing counselling using electronic technologies like webcam, email and texting?’

Changing definitions around counsellor competence: ‘What column of the SCoPEd framework [see Chapter 12] should I be working in, and does it really matter?’

Counselling supervision

Confusion between counselling supervision and accountability to line management: ‘As your line manager I am accountable for your work. I don’t want someone else confusing matters,’ or ‘No other staff get independent supervision and support so I find it difficult to see why counsellors should be any different.’

The need for ongoing long-term supervision: ‘Surely you must be out of your probationary period by now. I can’t see why you still need supervision.’

The need for training

Confusion over levels of competence requiring corresponding levels of training: ‘We all counsel, don’t we? Surely three days’ training is more than enough.’

The possibility of creating instant experts in counselling: ‘Here are two books on counselling. I want you to read them this weekend and become the counsellor on Monday.’

Comments such as these are often heard from counsellors in schools, colleges, hospitals, social services, employee assistance

programmes, pastoral care, voluntary organizations and private practice.

These and many other issues are the subject matter of this book.

The importance of standards and ethics

Counselling depends on clients being able to trust their counsellors. They trust their feelings of vulnerability to someone who is committed to using their knowledge and skills to act in the best interests of their clients. Professions honour and protect this trust by setting standards for their practitioners and expecting them to act ethically. Good standards and ethical practice provide the best possible conditions for clients to discuss freely whatever is causing them concern and for the counsellor to work therapeutically.

Standards define the essential safeguards and required level of expertise to provide a safe and effective service to clients. Standards typically define the level of training, continuing professional development, supervision, insurance and service delivery in terms of competence and good conduct. Failing to meet minimum or fundamental standards is a serious matter. It may result in disciplinary or fitness to practise hearings against individual counsellors held by employers or by professional bodies. Where whole services fail to meet the minimum or fundamental standard, their continued existence is called into question. Following a major lapse in standards in healthcare resulting in additional suffering and the premature deaths of vulnerable elderly patients, the Francis Report (2013) distinguished three levels of standards:

> *Fundamental standards of safety and quality*: the level below which a service ought not to be offered because it exposes patients or clients to avoidable harm.
>
> *Enhanced quality standards*: the level that the funding will support above fundamental standards and can be achieved by

improvements in professionalism or management.

Developmental standards: the level to which a service might aspire in the longer term out of a commitment to progress and excellence.

From a client's point of view, standards imply a system of quality control and assurance that extends beyond their individual counsellor and that this counsellor is both supported by and accountable to others for the work undertaken. Clients often see standards as a source of reassurance. Standards exist in the general awareness of many clients as something they expect of a professional service. Even when these are not fully understood by clients, their existence provides some reassurance as they build a relationship with a counsellor who will often be a stranger to them. Standards may also be seen as a point of reference to assess or resolve any difficulties that may arise. When something is claimed to be a 'standard', this implies that the standard has been set on the basis of evidence about its beneficial effects, that it is supported by a professional knowledge, that it is measurable or observable so that whether it is being achieved can be evaluated and that there is a body responsible for overseeing that the standard is being satisfied. The body for overseeing standards in the first instance might be the agency delivering the service, a professional organization and, ultimately, the registration or regulatory body for the profession. The person in the front line of clients' awareness of standards will be their counsellor, and many clients will look no further when all is going well.

Professional ethics are an applied form of ethics that are specific to roles and contexts. This distinction is useful to draw attention to why some issues may be approached differently in everyday life in comparison to the applicable professional ethics. For example, it is morally desirable for friends to offer help to each other spontaneously and in an open-ended way, but counsellors are expected to offer help based on agreed terms and conditions, typically presented in the form of a contract. Strong emotional and

sexual relationships are generally considered a moral good between unattached adults, whereas sexual relationships between counsellors and clients are considered ethically bad and forbidden. Good-natured gossip in everyday life is arguably morally and socially beneficial in that it strengthens the bonds between people, may provide useful learning opportunities about social living and it enlivens lives. In contrast, respect for the privacy of clients and protecting their confidentiality is a major ethical concern in counselling and arguably one of its distinctive ethical preoccupations.

Establishing a distinction between morals and ethics is also helpful in responding to social diversity. For example, there are many instances of deeply held ethnic practices or religious beliefs that may impose strict limitations on contacts between genders, sexual behaviours in opposite or same-sex relationships, relationships outside a faith or ethnic group and social or dietary requirements. The moral expectations within the applicable community are clear, but should counselling be restricted to people who conform to these expectations? Ought counselling to be offered more widely to people who struggle to meet these expectations or disagree with them? This is a question of how professional ethics ought to relate to a prevailing morality or respond to the sometimes conflicted relationships between different moral communities. Sometimes it is helpful to re-examine whether prevailing moral assumptions have been incorporated in professional ethics that, on closer examination, restrict the usefulness of counselling for people from different moral communities. Counselling has largely developed in cultures with a strong sense of individualism, but how should counsellors work respectfully with people who have a strong sense of collective identity around an extended family or network of extended families with a tribe or clan? The ethics of responding to social diversity are considered in more depth in Chapter 11. Making a distinction between morality and ethics makes it easier to identify potential points of difference and difficulty and recognizes that public morals and professional ethics are established in different ways and serve different purposes.

There are certain types of difficulties that have been reported by clients with sufficient frequency that their remedy is to identify a positive ethical standard that would redress the concern and support good practice. The following list presents a positive ethical example followed by the sorts of issues that have breached that standard. These examples of bad or poor practice could have been prevented if the counsellor had observed the ethical standard:

Being trustworthy: counsellors who have broken promises in what they offered or in the management of client confidences, leaving clients feeling betrayed.

A counsellor setting aside personal interests and putting the client's interests first: information provided in counselling used to benefit the counsellor financially or emotionally by having early knowledge of property coming onto the market or forming a relationship with the client's recently estranged partner; conflicts of interest concealed or not declared.

A clear understanding of what to expect: muddled beginnings where the client is unclear about what they are committing to, any liabilities for payments, or how confidentiality will be managed and protected.

The client respected as a person: the counsellor prejudiced against the client either as person or as representative of a social group or way of living of which the counsellor disapproves, or the counsellor pursuing a personal religious- or value-based agenda regardless of a client's deeply held values.

Maintaining boundaries in relationships that support the counselling: counsellors forming relationships with clients or their circles of friends to resolve their own loneliness or meet sexual desires; failing to consider how boundaries will be managed if the client and counsellor meet outside of counselling sessions in other roles or settings, whether planned or accidentally.

Being competent: the counsellor offering services for which they lack adequate knowledge, skills or organizational ability, working without appropriate supervision or adequate continuing professional development.

Working with integrity: the counsellor is dishonest about their qualifications or experience or other matters important to the client or the profession.

Being accountable to the client: confused or inconsistent communications about how the counselling has been delivered and why; poor record keeping when records were expected as good practice or promised; concealing a mistake from a client rather than alerting them, attempting to minimize any harm and apologizing.

Well-managed endings: the client is unprepared for the ending and left feeling abandoned and unsupported to meet the counsellor's convenience or needs.

Protecting the reputation of counselling: behaving so badly in or outside the counselling relationship, including on social media, that the reputation of counselling has been undermined in the eyes of the public.

Sadly, this list is not fully comprehensive of all the examples of poor or bad practice that we have been aware of involving a variety of professional bodies, and some of the most serious have often appeared to involve counsellors working without any professional membership or organization to call them to account. The list includes some examples where clients have been seriously hurt or damaged psychologically, or they consider that their reputation has been damaged in the eyes of others. As professional conduct hearings are increasingly open and report findings against counsellors, it is informative to periodically review the background and outcomes of cases reported by professional bodies like the BACP, fitness-to-practise hearings against counselling psychologists by the Health

and Care Professions Council (HCPC), or similar proceedings in other organizations or countries. There is interesting research into what makes talking therapy safe from the clients' point of view, resulting in some positive recommendations.

Conclusion

Unless counselling is provided on an ethical basis, it ceases to serve any useful purpose. Clients will usually seek counselling because they are troubled or vulnerable; they wish to be sure that the primary concern of the counselling is to help them to achieve a greater sense of control and wellbeing in their lives and that counselling is not being used to serve some other purpose. This means that counselling, by its very nature, needs to be an ethical relationship.

However, clients are not usually well informed about the ethical standards of counselling, so they are more likely to judge the ethical basis of their counselling by assessing the personal integrity of the counsellor. This is much more familiar ground. Every day, all of us are engaged in assessing the trustworthiness of the people we meet. One of the first concerns of a client at the start of counselling is 'How far can I trust this person to be my counsellor?' Typically, it is assumed that if the counsellor appears to have personal integrity, then the ethical standards that they apply to their counselling will be of a similar level. Trust always involves a leap of faith, which overrides a lack of information and ignorance to place confidence in a person or system. This is a major step for many clients. Some will manage the risk by testing out the counsellor on less serious issues before disclosing the real concern. Others will be so driven by the urgency of the situation or their distress that the problem will come tumbling out before they have sat down. In either situation, this act of trust comes at a time of considerable vulnerability for the client and gives the counsellor considerable power over them for good or harm. This is why the counsellor's personal commitment to being ethical is so vital. One person's vulnerability creates a corresponding

obligation for the other in their exercise of power and professional expertise.

Without the act of trust, counselling is impossible. Sufficient trust needs to be present to enable clients to participate with appropriate frankness and active commitment. Counselling is not like a medical procedure that can take place on a passive or anaesthetized patient. It requires the active participation and engagement of clients made possible by a relationship of trust. Establishing a high level of trust in the counselling is so fundamental that it is the primary principle in some constructions of counselling ethics (Bond, 2006, 2007). It is also the basis of the legal protection of confidences imparted in counselling in many jurisdictions, including English law. Even when trust is not regarded as the primary ethical requirement for counselling, it is always high on the list of ethical priorities. Different approaches to the construction of counselling ethics are considered in Chapters 3 and 4. The one thing that unites the people who developed these approaches is the conviction that a commitment to being ethical is the best way of protecting the interests of the client and enhancing the reputation of counselling in general.

2 Making sense of the counselling professions

Chapter overview

This chapter examines the wide range of uses of ‘counselling’ in everyday life before looking at what counselling means as therapy and its distinguishing characteristics, particularly counsellors putting aside their own concerns and interests in order to hear and respond to clients’ issues. An example of a definition designed to address international diversity is examined. The impact of official recognition and regulation is considered. This chapter concludes by discussing the relationship between counselling and other types of role – particularly as regards psychotherapy, advice, guidance, befriending, advocacy, counselling skills and coaching.

Key words

counselling, counseling, regulation, advice, advocacy, guidance, coaching, befriending, psychotherapy, counselling skills, embedded counselling

This book is about the use of ‘counselling’ to promote the wellbeing of people who will often be seeking help at times of difficulty or vulnerability in their lives and the ethics that are needed to offer this type of help. However, the label ‘counselling’ is also used for many other types of activity and there is continued discussion within the field as to the differences and similarities between terms used, such as ‘counselling’, ‘psychotherapy’, ‘therapy’ and so on.

‘Counselling’ is a term that is used in many ways. This explains why it carries such a wide range of meanings in everyday use. These include selling, as in ‘double glazing counsellor’; advising, as in ‘I counselled him to return to work as the longer he puts it off, the harder it will be’; or as in ‘debt counselling’, which can range from the fraudulent selling of unsuitable financial products to vulnerable people to highly professional and impartial help for financial difficulties.

There are also examples of the use of ‘counselling’ where the term has taken on a very narrow and technically specific meaning. ‘Counselling’, in some disciplinary proceedings, represents ‘a serious talking to about the need to change behaviour’, as a form of oral warning, which is the precursor of a written warning or dismissal. In this context, the interpersonal dynamics are both judgemental and authoritative. Counselling can also mean imparting expert advice in an authoritative manner, such as ‘I counselled him to watch for problems with … but did he pay any attention?’ Of course, and throughout this text, the delivery of counselling can take different forms, including face-to-face, chat-based, telephone, online using video conferencing software, such as Teams and Zoom, and increasingly through artificial intelligence. These are discussed in more detail in Chapter 10.

While these examples will be recognizable to most, the term ‘counselling’ has perhaps more recently been associated with mental health and a means of supporting people with emotional and relational distress. However, problems remain in that counselling can still mean different things to different people, at different times, and so the challenges of definition remain. Taking an international perspective is a good starting point, however.

The meaning of ‘counselling’ internationally

At the international level there is a definite tendency to make the term ‘counselling’ all-encompassing to accommodate a diversity of cultures and practice. In languages where there is no equivalent to

‘counselling’, often the terms ‘guidance’ or ‘advice’ act as equivalents. Alternatively, the term ‘counselling’ is simply imported into the vocabulary of the language. The International Association for Counselling (IAC) has developed an all-encompassing definition that can be adapted to different national and social contexts. The tensions between being internationally inclusive and establishing a shared professional identity appear to be carefully balanced in this definition:

> A method of relating and responding to others with the aim of providing them with opportunities to explore, clarify and work towards living in a more satisfactory and resourceful way. Where counselling is primarily nondirective and non-advisory, some situations require positive guidance by means of information and service. (IAC, 2023: 1)

It is worth spending a few moments examining this definition carefully because it has been crafted to avoid being trapped within any therapeutic model or cultural context. The authors have stepped back from the characteristics of any practice or context to identify the key issues and features that are characteristic of counselling and indeed all types of talking or psychological therapies.

The purpose of counselling is ‘to explore, clarify and work towards living in a more personally satisfying and resourceful way’, which presents the work positively as being directed towards enhancing wellbeing rather than focusing on the negative experiences or difficulties that usually prompt someone to seek counselling. This increases the usefulness of the definition across cultures as mental illness and emotional difficulties usually carry some degree of stigma in most societies. However, the level of stigma is often much increased in cultures where avoiding ‘shame’ and ‘loss of face’ are paramount concerns for individuals and their families. In many traditional cultures in Asia and Africa, the mental illness of one person affects the reputation of all other family members in ways that physical illness may not.

Many clients generally accept the suggestion and want to engage in treatment plans, while some international clients, particularly men from traditional cultures, will resist the thought of an emotional or psychological difficulty, stating a clear preference for a diagnosis of a physical illness that they see as far less damaging to their future prospects for marriage and employment or the reputation of their family. The focus on the positive purpose of counselling in this definition avoids inflaming resistance to counselling, even if it cannot totally resolve some cultural sensitivities about the emotional and psychological issues typically associated with counselling.

Counselling can address a wide range of issues, including empowering campaigners for social justice, enhancing performance in education and other settings, overcoming the effects of trauma or loss, mood management and improving relationships. The range of applications is unlimited. By placing the emphasis on positive improvement and wellbeing there is a strong message of hope which is psychologically so significant to improvement and recovery.

What is distinctive about this definition is its openness and positive embracing of difference between people and the applications of counselling. Many definitions incorporate position statements in favour of therapeutic models and/or specific services. It is appropriate to develop a definition that helps to inform potential users of that service about what to expect. This helps people to make informed choices and to shape expectations about using that service.

‘Counselling’ in the United Kingdom (UK)

There is long and varied use of ‘counselling’ in the UK, which predates the development of therapeutic counselling that ranges from giving advice ‘betweene Man to Man’ (Bacon, 2008 [1625]) to a name for the criminal offence of counselling, that is, encouraging a crime in the Accessories and Abettors Act 1861. The earliest recorded use of the term ‘counsel’ (or *counseiller, counsiler, conseller, conceiller, concele*; Oxford English Dictionary (OED),

2025) has French origin from the 11th century, meaning to ‘give advice or consult’. The term ‘counselling’ as a type of therapeutic and social intervention has its origins in the United States of America (USA) and was imported into the UK to address concerns about the impact of modern life on marriage and family life, leading to the creation of the Marriage Guidance Council in 1938 (now known as RELATE). CRUSE, the bereavement counselling service, started in 1959. The Central Advisory Council for Education (1963: section 233) envisaged the possibility of a full-time counsellor in large schools ‘to be available to advise pupils throughout their school course and to prepare them for going out into the world’, which prompted some of the first university courses in counselling.

Employee counselling services probably first started during the 1980s. The emergence of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in the 1980s and 1990s provided another major stimulus for the development of psycho-social support, particularly during the early phase when the cause of the illness was unknown and effective treatments had yet to be developed. Even this incomplete and brief history reveals the range of applications to which counselling has been applied. This represents a considerable challenge for creating a definition that encompasses this diversity of practice and applications meaningfully.

The OED (2025) defines counselling as:

> To give or offer counsel or advice to (a person); to advise (a person), esp. as to the best course of action. Now often: spec. (of a trained professional) to give support, advice, or guidance to (a person) with respect to a particular issue, problem, or difficulty; to provide counselling (counselling n. 2) to (a person).

A definition prepared by the BACP (2022: 1) notes ‘counselling’ as an umbrella term referring more broadly to talking therapies, which

might include psychotherapy, coaching and the use of counselling skills in a broader range of settings.

> Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. Counsellors and psychotherapists are trained professionals who will help you explore your thoughts, feelings and behaviours so you can develop a better understanding of yourself and of others. They will help you find your own solutions — whether for making effective changes or for learning how to cope.
>
> Therapists are impartial. They will listen to you without judgement and work with your emotions without becoming emotional themselves. They won't tell you what to do but will help you find your own solutions – whether for making effective changes or for learning how to cope.

The Division of Counselling Psychology in the British Psychological Society (BPS) (2026) adopts a different definition to describe the careers and work undertaken by counselling psychologists:

> Counselling psychologists deal with a wide range of mental health problems concerning life issues including bereavement, domestic violence, sexual abuse, traumas and relationship issues.
>
> They understand diagnosis and the medical context to mental health problems and work with the individual's unique subjective psychological experience to empower their recovery and alleviate distress.

A client's perspective may be significantly different from that of a counsellor:

> Clients want to be treated with respect, to be understood and helped to resolve problems … Clients want a counselling relationship that treats them as individuals and with hope. (Brainchild, 2008, cited in Aldridge, 2014: 17)

This client perspective is interesting as it is one of the very few that is the result of independent research commissioned by a professional body wanting to learn more about clients' perspectives than those of professionals. The specific mention of 'hope' reinforces the significance of a positive and forward-looking optimism that is focused on problem solving within a relationship founded on respect for them as people. In contemporary Western culture, it is normal to think of ourselves as individuals first and then connected to others second. For much of the world population this would be the other way round. The primary identity is a collective identity connected to family (typically an extended family, clan or tribe) and any sense of individuality is secondary. This is explored more in Chapter 11.

If we examine the implications of these definitions for ethical standards, then some principles for practice emerge:

1. Counselling requires that a counsellor puts aside their own concerns and interests to focus attention on the client.
2. The goal is to address the issue, concern or problem that motivated the client to seek counselling.
3. The counsellor will be trained to undertake the role.
4. The methods used will vary according to the training, experience and knowledge of the counsellor, the characteristics of the client, and the setting.
5. Counselling usually takes place in a formal and agreed way between counsellor and client.
6. Professional ethics provide the basis for practice and public trust in a service that is usually provided at a time of personal distress or heightened vulnerability. The characteristic ethical challenges are avoiding the exploitation of clients in what may be an intimate emotional and psychological relationship with the counsellor and involve the disclosure of sensitive information about the client and others.

Counsellors are accountable to a combination of their clients, their professional body and/or their regulator who admitted them to a professional register for their ethics and standards, and especially the safety of clients. It is worth noting, however, that as the psychological therapies are not statutorily regulated in the UK (beyond ‘counselling psychologist’, which is regulated by the Health and Care Professions Council (HCPC) as part of the practitioner psychologist titles), a counsellor is not required to be a member of a professional body and thus may not be subject to any regulatory control. Counsellors who are not members of a professional body may act independently of any ethical framework or guidance and, in turn, not be accountable for their professional conduct. The establishment of a voluntary register, accredited by the Professional Standards Authority (PSA), has been an important development in this area. As this is a system of accredited voluntary registration, there is no restriction on who may call themselves counsellors or

offer services as counsellors, but it is only those on the register who may call themselves ‘registered counsellors’ and promote their services using the register’s logo. The PSA is promoting this scheme to the public as the best way of selecting a practitioner through the directory of accredited voluntary registers with confidence.

The primary purpose of both systems of regulation is the protection of the public by providing an easy way of checking who is registered and has met the required standards. There are also disciplinary processes by which members of the public can raise concerns about practitioners and their fitness to practise. If these concerns are considered serious enough to require a hearing in which the case against the practitioner is proven, this may lead to the person concerned being struck off the register or less serious sanctions. The outcome that appears to worry practitioners the most is having a judgment against them posted on the official website with details of the hearing for all to see. Current cases and recent judgments can usually be found on the websites of the registering bodies.

Voluntary registration and future developments

The introduction of the PSA register for counselling and psychotherapy has arguably been an important step forward in providing important safeguards for clients accessing therapy, supporting the development of professional conduct processes to hold to account poor or harmful practice, and for professional bodies to clearly articulate counselling in a way to build public confidence. At the time of writing there are ten counselling and psychotherapy PSA-accredited registers in the UK:

Association of Child Psychotherapists (ACP)

Association of Christians in Counselling and Linked Professions (ACCP)

British Association for Counselling and Psychotherapy (BACP)

British Association of Play Therapists

British Psychoanalytic Council (BPC)

COSCA (Counselling and Psychotherapy in Scotland)

Human Givens Institute (HGI)

National Counselling and Psychotherapy Society (NCPS)

Play Therapy UK

UK Council for Psychotherapy (UKCP)

It is difficult to provide a full account of membership across these organizations, as each one has a different approach to publishing membership figures. A formal collaboration was formed between three of the register holders – BACP, BPC and UKCP – which began in earnest around 2015–2016. While each organization retained full independence from the others, the collaboration facilitated areas for joint work across practice development, professional standards and advocacy for the profession, and was led by the respective Chairs, CEOs and operational teams. The approximate membership total for these three organizations is around 100,000, giving some insight into the extent of registrants across all 10 PSA registers.

This collaboration in many ways was a step towards greater coherence in the profession, allowing key bodies to make representations to stakeholders, commissioners and politicians whereas before the profession had been accused of having a fractured voice. However, this early work has the potential for wider collaboration in the future involving other register holders. A shared aim for the profession is for it to speak with a more united voice, albeit the detail of that voice is still to be determined.

Social justice in context 2.1

There are strong arguments for and against statutory regulation, some arguing that it will provide meaningful safeguards for clients; offer long-awaited status and legitimacy for the profession; support the development of national pay scales; and continue to support best practice in training. Those opposing statutory regulation argue that no greater client protection will be achieved than is already available through a voluntary process; that the unique contribution counselling and psychotherapy have to offer those experiencing mental health distress will be undermined; that statutory regulation can often miss important nuances in professions and deliver a framework that ‘misses the point’; and that state regulation has no place philosophically in the delivery of therapy. The arguments for and against are often heated and impassioned, and no clear united view has emerged.

The current position held by UK governments has been against statutory regulation and rather for the active support of the voluntary, PSA-managed process. The importance of public protection has, however, always trumped other issues and some believe a major public protection concern coming to light might quickly change the landscape and government position. Greater working collaboration between professional associations and the PSA perhaps position the profession such that, should the day come, the profession will be better placed to respond to those challenges than when statutory regulation was last mooted.

Pause for reflection 2.1

\a Statutory regulation

Consider your own training or practice as a counsellor and your experience of voluntary regulation. What are your views

about the relative benefits and costs of statutory regulation, and what informs your position?

Counselling and other roles

There are many ways of helping people by listening and talking. Each requires certain types of expertise and ways of supporting the client effectively. For members of the public, understanding the differences between roles may help them find the most appropriate help. For counsellors, understanding the differences may help them point clients towards the most suitable services or recognize when they are combining roles within their counselling and consider the ethical implications of doing this. In the more recent developments of their Ethical Framework, the BACP adopted the term ‘counselling professions’ to be more inclusive of a range of associated activities, such as counselling, psychotherapy, counselling skills and coaching. These, and others, are explored more here.

Advice

Advice is an opinion given to someone about what would be the best action to take. It usually entails giving a person information about the choices open to them and then, from a position of greater expertise or authority, a recommendation as to the best course of action. Rosalind Brooke (1972), writing about Citizens Advice Bureaux, describes the advisory process as having two aspects: ‘The advisor not only may interpret the information in order to sort it to the needs of the enquirer, but may also offer an opinion about the wisdom of obtaining a solution in a particular way.’ Giving advice requires expert knowledge about the subject that is causing the client concern in order to identify potential solutions or the best way forward. The best advisers will present options and have the skills to help clients choose between them. This description highlights the difficulty that ‘advice’ poses for counsellors.

The aim of counselling is to enable clients to discover their own wisdom rather than have wisdom imparted to them by counsellors. The counselling process is intended to increase the client's ability to take control rather than depend on another. This difference between counselling and advice does not mean that advice is an inappropriate way of offering help. It is a different method and perhaps more suitable for practical problems than for making decisions about relationships, or coping with transitions or other psychosocial issues. Advice is particularly suitable for legal and financial issues or for understanding how administrative or technological systems work and getting the best out of them.

Guidance

Guidance has been used in as many different ways as 'counselling'. During the late 1960s and the 1970s (a time when guidance services were expanding rapidly in social welfare and education) the terms 'guidance' and 'counselling' could be used interchangeably.

It appears that at some time since the 1970s the use of 'guidance' has developed in two different directions. One trend has emphasized the kinds of values and methods of working associated with counselling. This trend is characterized by a very strong emphasis on working in ways that enable recipients of guidance to make their own decisions. In this sense the guide is like a signpost, pointing out different possible routes and helping people to select their own destinations and ways of getting there. Information-giving and advising may be more prominent in workers' interventions than would be the case in counselling, but the emphasis on values based on client autonomy means that this form of guidance is very closely related to counselling and, in some instances, these are the same kind of activity. This use of 'guidance' has become well established in educational settings and is encouraged by many writers and commentators on educational advice, guidance and counselling services (Ali and Graham, 1996; Gothard et al., 2001).

An alternative use of ‘guidance’ that appears from time to time is to offer guidance in a more authoritative way that relies on the expertise of the source of guidance to indicate the benefits of following that guidance and the adverse consequences of failing to do so. In health campaigns ‘counselling’ has been used to signal patient-led decisions on matters such as whether to be tested for particular health conditions, where the outcome of the tests may be psychologically challenging and the balance of benefits and harm therefore uncertain or unknown in the current state of knowledge. ‘Counselling’ in this health context is closest to an extended discussion about informed consent or the refusal of a particular service or treatment. ‘Guidance’ is offered as a more authoritative intervention when the medical knowledge is well established and the consequences of failing to act on it may have serious consequences for the patient.

The distinctive feature of guidance is the professional’s commitment to moving someone along a path from a current state to a more desired state. In the less directive approaches to guidance a client’s views will be supported and engaged with. In more authoritative guidance, the guide may emphasize and explain the benefits of following the guidance. Resistance to well-informed but unwelcome guidance may act as an effective psychological defence for an extended period. However, if that defence collapses, the person concerned may require psychological support around underlying issues that may be best met by counselling.

Advocacy

Whether advocacy has a place in the delivery of therapy is debated by some: on one hand it is viewed as an overly political position that has no philosophical fit with offering support for mental health distress; on the other it is argued that if therapy is, in part, helping clients to find a voice, advocacy is a critically important part of that process. At a simple level ‘advocacy’, its usage dating back in language to around 1520, might be defined as ‘to support, recommend or speak in favour of’ (OED, 2025); its Latin origin, from

advocatia, means to ‘summon, call to one’s aid’. In the context of the counselling professions, it might mean supporting a client, a couple or group, to argue for their position or for change, often in a social justice sense.

Dalrymple and Boylan (2013: 3) offer two primary types of advocacy in a social work context:

1. *Case- or issue-based advocacy*, where work is focused with individuals or small groups such as families in a task-centred way.
2. *Systemic or cause advocacy*, where knowledge from individual cases contributes to collective advocacy for systemic change to legislation, policy or practice.

It is possible to consider both these types of advocacy within the context of the counselling professions. Counsellors in college or university settings, for example, might regularly write a letter or email of support for a student attending as a client who has missed coursework due to mental health distress, or whose attendance at university is being considered. This would be an example of case- or issue-based advocacy. However, that same counsellor working in an education setting might see several students over the course of an academic year with similar presenting problems apparently exacerbated by a particular department, where procedures or actions taken by the department might have led to particular difficulties. The counsellor, or counselling service, raising these concerns with the institution for consideration might be an example of systemic or cause advocacy.

There is a growing movement that positions the counselling professions within a political frame, in that mental health is inextricably linked to social factors (in addition to other factors too; https://therapyandsocialchange.net), that some assert it is impossible to separate out one from the other. Several professional associations have embedded social justice as a central aspect of their strategy (e.g. BACP). By doing so, a recognition is made as to the importance of social, political, cultural and environmental factors

in the work of a professional association and how strategy is located accordingly. Some groups have actively argued this position for many years, such as Psychotherapists and Counsellors for Social Responsibility (PCSR). With that perspective, an advocacy role – either for individual clients, or the advocacy of systemic change – becomes a given rather than an optional 'bolt-on'.

Befriending and listening

The best known of organizations committed to providing a listening service is the Samaritans. The use of befriending to counter the social isolation of specific groups of people is a goal shared by all providers of this type of service. Their social isolation may be due to physical circumstances (e.g. people who are housebound due to illness or disability), or public attitudes (e.g. people who are mentally ill or have learning difficulties, the dying and offenders). The current isolation of increasing numbers of elderly people living alone is a growing social crisis which is particularly suited to befriending services such as those developed by Age UK and other similar organizations.

Counsellors and befrienders share common values about the importance of listening and doing so in a non-judgemental way, but the way they construct that relationship will be different. Counsellors tend to work within a formal contract with boundaries both in the contacts between practitioner and client and in the types of service being offered. In contrast, befrienders may be more flexible regarding boundaries in relationships by meeting other people in a client's life or introducing them to their own friends or family. Befriending may not be confined to talking and listening in the way it often is in counselling. A befriender may also offer practical help, such as accompanying someone to the shops or even getting their shopping, and helping with cooking or gardening.

Counselling and psychotherapy

For many years the BACP held that it is not possible to make a generally accepted distinction between counselling and psychotherapy. In this respect, it followed well-founded traditions which use the terms interchangeably in contrast to others that distinguish them. Latterly, however, in the context of collaborative work with UKCP and BPC, and in the form of a project focusing on training standards and practice requirements for counselling and psychotherapy (the Scope of Practice and Education (SCoPEd) framework; PCPB, 2025), BACP shifted from this long-held position and began to argue a differentiation, based on training entry routes and practice, between ‘counselling’ and ‘psychotherapy’. While this garnered some support, the initial proposal document was received with anger and hostility by some members who believed an epistemological fracture had occurred in the perceived introduction of a hierarchy of helping, with counselling subsequently devalued in favour of psychotherapy. The collaboration of BACP, UKCP and BPC argued this was not the intention, but acknowledged major flaws in the initial consultation document. At the time of writing, SCoPEd as a framework is in the process of being implemented by those professional bodies formally signed up to the framework under the Partnership of Counselling and Psychotherapy Bodies (PCPB), who have also launched a Commission for the Future of Counselling and Psychotherapy, which aims to:

> examine the current and future landscape of the professions and the key issues affecting the sector, professionals, services and clients, drawing on expert and lived experience, alongside input from the wider Partnership of Counselling and Psychotherapy Bodies (PCPB) memberships. (PCPB, 2025)

When the terms ‘counselling’ and ‘psychotherapy’ are used in their widest sense they are the same. On the other hand, these terms are sometimes used to distinguish between two roles. The historical origins of psychotherapy are closely related to attempts to find ways of curing mental illness, especially in the USA (McLeod, 1998). The direct influence of psychoanalytic ideas is more evident in psychotherapy than in counselling. Consequently, some people have sought to establish clear distinctions between counselling and psychotherapy on the assumption that responding to mental health issues requires working at a greater depth (see Table 2.1).

Table 2.1 The characteristics of counselling and psychotherapy (adapted from Brammer and Shostrum, 1982)

Counselling characteristics	**Psychotherapy characteristics**
Educational	Reconstructive
Situational	Issues arising from personality
Problem solving	Analytic
Conscious awareness	Pre-conscious and unconscious
Emphasis on working with people who do not have severe or persistent emotional problems	Emphasis on ‘neurotics’ or working with persistent and/or severe emotional problems
Focus on the present	Focus on the past
Shorter length of contract	Longer length of contract

Attempts to distinguish counselling and psychotherapy have proved problematic in the UK. Many people with a psychodynamic background would tend to support the existence of a distinction linked to the history of this approach and a much stronger sense of professional hierarchy through psychodynamic counselling, psychotherapy and psychoanalysis. Entitlement to progress through the hierarchy and to work in greater depth with clients is linked to levels of training and personal therapy or analysis, as outlined in the SCoPEd framework document (PCPB, 2025). Some humanistic

approaches to therapy have adopted similarly structured professional hierarchies, such as transactional analysis. These hierarchical approaches to different levels of therapy position counselling as dealing with problems that are primarily pressures from the outside environment, rather than deeply embedded difficulties resulting in rigid neurotic patterns.

In this hierarchical approach, counselling is restricted to helping people who have the capacity to cope in most circumstances but who are experiencing temporary difficulties, or making transitions or adjustments in their life. Issues arising from difficult relationships at home, making decisions, coping with serious illness, bereavement, addiction, for example, may all be within the scope of counselling. If issues are merely symptomatic of something deeper, or the client is experiencing more entrenched problems such as persistent phobias, anxiety states, low self-esteem or difficulty in establishing relationships, then psychotherapy may be more appropriate. This would imply the need for a difference in training and expertise between counsellors and psychotherapists. This position would additionally support an argument of the importance of viewing clients in their systemic frame: their political, social, cultural and demographic profile and how their experience of distress and subsequent presentation in counselling had been shaped by factors outside of their control.

In a paper delivered to the 16th Annual Training Conference of the British Association for Counselling (BAC), Brian Thorne (1992) suggested that the quest for difference between counselling and psychotherapy was illogical and invalid. He argued that implicit in the kinds of distinctions most frequently made between counselling and psychotherapy was the idea that counselling was concerned with cognitive problems and psychotherapy with affective problems. He debunked this line of argument in the following way:

> I would suggest that it takes only a moment's reflection to reveal the uselessness of such distinctions. Clearly, cognition and affect are both involved in all behaviours. No choice, for

> example, can ever be simply logical and rational. What is more, a serious personality problem usually brings with it many situational and environmental dilemmas and a situational problem may well have its source in a personality disturbance. It would, of course, be highly convenient if problems could be categorised and circumscribed so neatly but to suggest that they can is to fly in the face of the facts. (1992: 246)

In his paper, he argues against all the distinctions between counselling and psychotherapy made by Brammer and Shostrum (1982) and many others. There is no doubt that this debate will continue for some considerable time, further fuelled perhaps by the SCoPEd implementation, and that ultimately it may have more to do with status and money than with substantive differences.

From an ethical perspective, counsellors and psychotherapists work within the same ethical framework. It may be that if differences between the two roles can be established, there will be some corresponding differences in standards of practice or training, but even these may simply be details in comparison to the many standards shared in common.

Pause for reflection 2.2

\a Use of titles

Consider your work as a ‘therapist’ and the training you undertook, or are undertaking, to reach that point. Would you consider your work to be that of a ‘counsellor’, a ‘psychotherapist’, or is there another descriptor that suits your work better? What factors inform your thinking and to what extent do you consider the use of terms to be about status or accuracy?

Counselling skills and embedded counselling

The development of a distinction between counselling and counselling skills has played a significant part in enabling the development of counselling as a distinct professional role. However, the notion of counselling skills remains controversial and is much criticized by those who prefer embedded counselling. This section will set out how ‘counselling skills’ emerged as a term for types of activity before considering the criticisms of this development. Although there were early advocates for ‘counselling skills’ (Bond, 1989), it is important to recognize that there is some validity in the concerns about this development. This review will begin by considering a common misunderstanding.

The most obvious misunderstanding is based on the idea that ‘counselling skills’ is a label for a set of activities unique to counselling. Although the term is sometimes used in this way, it is quickly discredited because any attempt to list specific ‘counselling skills’ (e.g. active listening, paraphrasing, using open questions, reflective responses etc.) immediately looks indistinguishable from lists labelled ‘social skills’, ‘communication skills’, ‘interpersonal skills’ and so on. To understand what is meant by ‘counselling skills’, it is useful to take the two words separately (McLeod and McLeod, 2022; Reeves, 2022).

‘Counselling’ is an indication of the source of the concept historically. It shows that even though these skills are not unique to counselling, it is the way they have been articulated in counselling that has been useful to other roles. For example, advice-giving has a much longer history than counselling skills, but the tendency has been to concentrate on the content of the advice rather than the way it is delivered. However, the methods advisers use to communicate with clients can be adapted to improve the way advice is given and maximize client involvement in the decision-making. ‘Counselling’ in this context is acknowledging the source of the concept and method of communication. Similarly, nurses, tutors, personnel managers, social workers and many others have all recognized that there are advantages in adapting the methods of communication used in counselling to aspects of their own role. One way in which an outside observer might detect that counselling skills are being used is by the pattern of communication. This is illustrated in Table 2.2.

Table 2.2 Differences in communication

Style	**Pattern of flow**	**Time ratio**
Imparting expertise	Interactor to Recipient	80:20
Conversation	Interactor to Recipient	50:50
Counselling skills	Interactor to Recipient	20:80

When counselling skills are being used, an outside observer might notice that the recipient is encouraged to take greater control of the dialogue’s agenda than in other styles of communication. The values implicit in the use of counselling skills are like those for counselling, which place an emphasis on a client’s capacity for self-determination in how help is sought as well as for any decisions or actions that may result.

The term ‘skills’ in ‘counselling skills’ is sometimes taken in a very literal sense to mean ‘discrete behaviours’, but this is not the way the term is understood in the social sciences. Skills that are used to enhance relationships can be distinguished from ‘physical skills’ (as in sport or work) and ‘mental’ and ‘intellectual’ skills, not merely based on observable behaviours. These are inextricably linked to the goal of the person using them. For instance, Michael Argyle (1981) states that ‘by socially skilled behaviour I mean behaviour which is effective in realizing the goals of the interactor’. In the context of counselling skills, those goals are to implement the values of counselling by assisting the self-expression and autonomy of the recipient.

One of the ways in which an independent observer might be able to distinguish between ‘counselling skills’ and ‘counselling’ is whether the contract is explicit between the two people. This is highlighted in one of the alternative definitions of counselling which is still in popular use: ‘People become engaged in counselling when a person, occupying regularly or temporarily the role of counsellor, offers or agrees explicitly to offer time, attention or respect to another person or persons temporarily in the role of client’ (BAC, 1984). This definition was originally devised to distinguish between spontaneous or *ad hoc* counselling and formal counselling. The overt nature of the latter, involving ‘offers’ and explicit agreements, was seen as ‘the dividing line between the counselling task and the *ad hoc* counselling and is the major safeguard of the rights of the consumer’ (BAC, 1985). This definition also provides a useful basis for distinguishing when someone is using counselling skills in a role other than that of counsellor or when they are counselling.

This set of views provides the basis for determining when counselling skills are being used:

- when there is intentional use of specific interpersonal skills which reflect the values of counselling;

when the practitioner's primary role (e.g. nurse, tutor, line manager, social worker, personnel officer, helper) is enhanced without being changed;

when the client perceives the practitioner as acting within their primary professional or caring role which is not that of being a counsellor.

The values of counselling would focus on respecting a client's values, experience, thoughts, feelings and their capacity for self-determination, and aiming to serve the best interests of that client.

There are three frequent misconceptions often encountered in discussions about counselling skills:

1. *Using counselling skills is always a lower-order activity than counselling*: This is not the case. Arguably, the user of counselling skills may be working under more demanding circumstances than the counsellor, who usually has the benefit of more extended periods of time which have already been agreed in advance. In comparison, the user of counselling skills may be working more opportunistically with much less certainty about the duration of the encounter. Users of counselling skills can be more or less skilled, just like counsellors. However, using counselling skills is not a role in itself but to enhance the performance of another role. This means that the capacity to use counselling skills effectively depends not only on being skilled in their use but also on someone's competence in their primary role (e.g. a nurse, a tutor). For all these reasons, some people may require a higher level of competence to use counselling skills than may be required in counselling. It certainly cannot be assumed that using counselling skills is a lower level of activity.
2. *People in occupational roles, other than counsellor, cannot counsel*: This would mean that doctors, nurses, youth workers and so on cannot counsel but can only use counselling skills. This is not the case. With appropriate training, counselling supervision and clear contracting with the client in ways consistent with counselling, it seems that anyone can change to take on the role of 'counsellor'. There are key issues about keeping the boundaries between different roles clear and managing overlapping roles or dual relationships, but not all dual relationships are undesirable provided the boundary between the relationships can be clearly identified and is respected by both counsellor and client. Usually it is easier, whenever possible, to avoid the potential pitfalls of dual relationships by ensuring that a counsellor is independent of the provision of other services and other relationships, whether personal or professional, to a client.

3. *Anyone with the occupational title 'counsellor' is always counselling*: This is not the case. As the concept of counselling has narrowed down into a specifically contracted role, there is a need for 'counsellors' to distinguish between when they are counselling and when they are performing other roles, such as training, supervision, managing or advocacy. In each of these other roles a counsellor is likely to be using counselling skills.

The distinction between counselling skills and counselling may have been helpful in pursuing the professionalization of counselling as a distinct role, by distinguishing a more defined approach to counselling from situations where someone uses a more loosely defined approach to using counselling to support some other helping role (such as being a tutor, a health worker or another role that has its own identity and expertise). Professionally, within organizations like the BACP, the creation of counselling skills has provided the conceptual and political space to give better focused attention to what is entailed ethically to being a counsellor. The complications of other professional cultures and constraints could then be set aside to concentrate on counselling as it was developing, in all its variations, as a specialized service. Such distinctions can lead to unequal attention being given to each part so that one becomes favoured over another, and in this case one type of role (i.e. counselling) becomes more central to professional development than the other. This fragmenting of roles can have undesirable consequences. The process of defining and restricting professional identity, even if it is to advance ethical and professional standards, cannot avoid problems associated with becoming more exclusive and professionally inward-looking.

The idea of the embedded counsellor provides a substantial challenge to such exclusivity and may prove to be a useful remedy to any exaggerated sense of professional identity by redirecting attention to the extent to which counselling is used in its wider sense within so many other types of helping role and reaffirming the value of such work. McLeod and McLeod (2022) have written eloquently in favour of the embedded counsellor. They argue that it is socially and

culturally important to explicitly acknowledge all the counselling that takes place in brief episodes embedded within other professional tasks (e.g. teaching, nursing and career advice).

The concept of the ‘embedded counsellor’ is a welcome development if it helps to rebuild links with other professions that may have been broken in the quest for a professional identity for counsellors and revives a shared focus on the humanizing values that are so precious in everyday living. Approached in this way, the use of the label ‘embedded counsellor’ invites us to re-engage with the radical values that prompted the origins of counselling in ways that are relevant to current life.

Regardless of whether ‘counselling skills’ or ‘embedded counselling’ is the preferred terminology, this type of emotionally intelligent engagement with people in challenging circumstances by teachers, nurses, social workers and many other professions is highly desirable, and may often be the difference between being effective or ineffective.

Coaching

Coaching is in its unregulated phase of creative formation with many different positions and claims to professional territory. Coaching is directed towards the improvement of performance by skilled tutoring within a designated area of life. The word ‘tutoring’ rather than ‘teaching’ is used here because the best coaches arguably not only draw on their own expertise but also facilitate the learning of the person being coached (sometimes referred to as a ‘coachee’). Rogers (2012: 7) defines coaching as:

> a partnership of equals whose aim is to achieve speedy, increased and sustainable effectiveness through focused learning in every aspect of the client’s life. Coaching raises self-awareness and identifies choices.

‘Executive coaches’ tutor managers in the art of leadership and may have specialist knowledge about leadership in particular types of organizations. ‘Sports coaches’ work on the technical skills, strategy and psychology required to succeed in particular sports. ‘Life coaching’ is probably closest to counselling but is often directed towards specific issues.

Coaching is characteristically future-looking and striving for improvement by developing strategies and skills for success. It tends to be time-limited, requires the coach to be skilled in the issues under consideration, and to be able to evaluate and give feedback on performance. Personal issues may be discussed but the primary focus is on that performance. This is probably the critical difference between coaching and counselling. In coaching the focus is on an issue selected by the client as something they would like to perform better: ‘How can I prepare better for a job interview?’, ‘How can I improve my feedback-giving skills?’, ‘How can I relate better to my colleagues?’ It is usually also future-looking. Counselling often starts with a less specific focus to address a more general problem, such as an emotional difficulty, problems in relationships, trauma or difficult transitions. The work is often about addressing broader issues in greater depth in order to resolve some form of personal or psychological difficulty. In counselling, someone’s past may feature more than in coaching.

A great deal of thought has been given within the BACP about the compatibility between counselling and coaching. The first chair of the Coaching Division observed that:

> there are many skillful, ethical and highly trained coaches (with and without a therapeutic background), who do life enhancing work with clients right across the spectrum – including coaching youngsters to help them overcome being bullied, coaching ex-offenders to develop confidence and avoid reoffending, working with organisations to help them to lead and manage people fairly, effectively and with integrity, and helping ‘ordinary’ people to find and fulfil their potential.

Since that time, the Coaching Division of BACP has flourished and is seen as an integral part of the work of the Association, with the development of coaching competencies, a training curriculum and a range of good practice guidelines (BACP, 2025b). This has additionally seen work around the development of integrated practice between counselling and coaching. The Division was involved in a research study to look at a working definition of therapeutic coaching and offered the following:

> Therapeutic coaching refers to the judicious and transparent integration of counselling/psychotherapy and coaching training and qualification, drawing on the complementary skills set, theories, principles and values from the two disciplines to focus on supporting client(s) in the process of insight, development and change. Such integration is contracted for with clients, is additionally supported by a considered underpinning philosophical framework and is situated within considered professional morals, values and ethics. (Reeves et al., 2026)

Mentoring

Mentoring is a supportive relationship designed to assist someone with difficult transitions, compensate for disadvantages in their life, or sustain challenging roles. A mentor will usually have relevant experience in overcoming the issues faced by a mentee and therefore can provide inspiration as a role model and also provide well-informed advice, coaching or embedded counselling.

Mentoring is widely used in some settings to support people through the transition into a new role or across life stages where a more experienced and established person offers their support to someone less secure or experienced. It can be used to support motivation and help to lift aspirations, particularly those of young people and

especially of those who may be moving into unfamiliar environments or professional cultures. Mentoring has been used with looked-after children as compensation for the lack of family support. Like coaching, there is a strong focus on learning through discussion and dialogue.

Mentoring is widely used in professional contexts to support people taking on new professional roles or posts. These relationships are usually for specific purposes or defined periods of time. Counselling supervision is arguably a form of professional mentoring designed to ensure the sustainability of working with emotionally and relationally challenging issues. The full range of purposes for this application of mentoring is considered in Chapter 14. What makes this unusual is that it is sustained across the working life of counsellors as an ethical requirement. Registrants of the BACP-accredited voluntary register have to be prepared to be audited about their use of supervision. This demonstrates that this version of mentoring combines support with accountability. As with all the other roles considered, there is considerable versatility in how these are applied.

The emergence of the counselling professions

The *Ethical Framework for Good Practice in Counselling and Psychotherapy* (BACP, 2013) was re-written and launched by BACP in 2016 under the new title *Ethical Framework for the Counselling Professions*, was later updated in 2018 (BACP, 2018a) and, in June 2026, the new Ethical Framework (BACP, 2026) was signed off for November implementation by the BACP Board of Governors. The 2026 *Ethical Framework* marked a significant change in the direction of the *Framework* since its re-launch in 2016. Written by the CREATE group, consisting of Sue Dale, Myira Khan, Marita Morahan and Andrew Reeves, each stage of the writing was informed by an extensive consultation process, particularly around the introduction of relational ethics as a key element to practice.

Conclusion

One of the characteristics of a modern industrial and technologically based society is the creation of specialized roles to address specific tasks. The boundaries between these roles can be fiercely defended by professionals who have invested time and money in training and gaining the appropriate expertise and therefore understandably want to protect their livelihoods. However, these roles evolve and change over time and may be completely overtaken by developments in new technology. As can be seen in this chapter, roles that rely on listening and talking to assist with personal and social problems are indeed still evolving and the boundaries between them are altering over time.

This makes it difficult to define different roles permanently or to be too adamant about which role is most suitable for which type of issue. There are considerable variations in how each role can be applied. With these cautions about not being too rigid in how the definitions are applied, it is possible to have working definitions that can distinguish such roles and the issues for which they are particularly suitable.

Table 2.3 offers a short statement about the distinctive characteristics and examples of the sorts of issues for which each role is particularly suitable. Because the definitions are so problematic and the role boundaries are disputed, the table should be regarded as offering a suggested position and a starting point from which to consider how to view the differences between roles and their applications.

Table 2.3 Role characteristics and applications

Role	**Characteristics**	**Examples of typical applications**
Counselling/psychotherapy	Based on attentive listening and focused interventions to help someone overcome a significant difficulty in their lives	Emotional difficulties Relationship difficulties Mild to moderate mental illness Recovery from trauma or loss
Befriending	Provides social and personal support by offering companionship and practical help	Social isolation Challenging personal circumstances due to illness, disability or social prejudice

Role	Characteristics	Examples of typical applications
Advising	Provides an informed opinion about how best to achieve what the inquirer is seeking	Used whenever specialized knowledge about the issues in question is required – particularly useful for technical, procedural or administrative issues
Guiding/offering guidance	Similar to advising but on issues requiring more extended consideration or involving more significant issues for the inquirer	Careers guidance Health guidance Changing lifestyle
Using counselling skills/embedded counselling	Provides ways of responding constructively to the emotions of people receiving education, health or social care, or other professional services	Supporting someone in an emotionally challenging situation Problem solving

Role	Characteristics	Examples of typical applications
Coaching	Supporting someone to overcome a challenging task or enhance the performance of particular skills	Preparation in advance of a competitive event such as a job interview or assessment Enhancing existing skills or performance in the workplace
Mentoring	Building capability and providing support over major personal transitions	People negotiating major changes in their lives, especially if their circumstances lack some of the support available to others in similar situations Passing hard-won learning and experience to successors in developing their wisdom

What is counselling?

‘Counselling’ is used in this book to refer to a role and type of activity delivered in accordance with professional standards that emphasize the ethical significance of enabling clients to increase their capacity to act for themselves and gain an improved sense of personal wellbeing. This means that there will be times when counsellors must work in ways that will overlap with or draw upon expertise learnt in other roles. There may also be times when a client’s needs may be better met by referral to a different type of service. With so many closely related roles and the considerable variability in their availability to clients, counsellors will need to continue to be creative in how they develop their own roles and relate to the other roles considered in this chapter. However, it is also important to acknowledge that each of these roles has a distinctive tradition and associated areas of expertise. With the relevant expertise and professional support, it may be possible to incorporate aspects of these successfully within counselling to meet specific client needs, particularly when referral is not a viable option. Nonetheless, counselling ethics and standards would apply.

3 Sources of counselling ethics

Chapter overview

This chapter examines seven potential sources of ethics for working with clients and their application in counselling.

Key words

personal ethics, therapeutic values, agency policy, codes, frameworks, ethical guidance, moral philosophy, law, relational ethics

The construction of counselling ethics is fundamentally a social process which draws upon many different sources of ethical insight. Often these sources agree on what is the right or best way to act, but this is not always the case. Differences between current concerns and contexts may lead to different views. Careful consideration of any divergences in ethical direction is usually the best way forward in developing an ethical position. Each of the sources can be regarded as a different kind of ethical narrative which requires careful consideration to test how well it fits the situation facing counsellor and client.

It is important for counsellors to ask questions of themselves to enable them to identify ethical issues or dilemmas that emerge in their practice, and how they have navigated them. Often counsellors generally draw upon a selection of seven sources:

1. Personal ethics
2. Ethics implicit in therapeutic models
3. Agency policy
4. Professional codes, frameworks and guidelines
5. Moral philosophy
6. Law
7. Relational ethics

The urgency of a situation may restrict the choice to one or two sources and greater reflection may expand the choice beyond seven. In these circumstances, presenting seven sources rather than any other number is somewhat arbitrary. The list could easily have been expanded to include religious and political sources or contracted to exclude moral philosophy. A rationale for excluding the former two is the sense that the direct influence of any religious and political source tends to be downplayed by counsellors in the interests of respecting their clients' values. Consequently, religious and political beliefs tend to be included within a counsellor's personal ethics and values; conversely, including moral philosophy is based on ethical discussions involving counsellors. It is apparent that when ideas derived from moral philosophy have been mentioned, these are valued as a source of language and concepts for examining ethical issues. It would be difficult to have a credible professional ethic that did not consider insights derived from moral philosophy. The seven ethical sources of counselling ethics are represented in Figure 3.1.

Long Description: Figure 3.1 Sources of professional ethics

A flowchart diagram titled Sources of Professional Ethics centres around a Gray oval labelled Counselling Ethics. Seven rectangular boxes surround the centre and connect with directional arrows. The upper left box is labelled 1 Personal Ethics. The top centre box is labelled 2 Ethics and Values Implicit in Therapeutic Models. The upper right box is labelled 3 Agency Policy. The middle right box is labelled 4 Professional Codes, Frameworks and Guidelines. The lower right box is labelled 5 Moral Philosophy. The lower left box is labelled 6 Law. The middle-left box is labelled 7 Relational Ethics. Arrows connect each surrounding box to the central Counselling Ethics oval, while additional arrows connect several outer boxes to one another, illustrating relationships among ethical influences.

Figure 3.1 Sources of professional ethics

Personal ethics

Taking on a professional role may create a tension between personal ethics and those you would consider appropriate to your role. This is most evident if you think about how you would respond to a friend or a client in similar circumstances. What may seem ethical in one relationship may seem inappropriate in the other.

One clear example comes to mind. A counsellor who learnt that a friend was considering dating someone with a serious infectious illness considered how he had discovered that information. If he had learnt about the risk of infection from a social conversation, he would feel entitled to warn his friend. On the other hand, if he had discovered it from his work, he would feel obliged to remain silent. This dichotomy of ethical responses can be very uncomfortable and raise fundamental choices between personal and professional integrity. However, the degree of separation between personal and professional ethics is probably an inevitable part of adapting to a specialized role and the collective ethic of other members of that profession.

Pause for reflection 3.1

\a Personal ethics

Consider the scenario above: do you agree that the two situations might lead to different conclusions? If not, why, and if so, what factors would inform your perspective?

Counsellors who seem most at ease with this dichotomy appear to recognize a distinction between their personal and professional ethic but have integrated *both* ethics within a deeper sense of self. Consequently, a potentially contradictory dichotomy is more likely to be experienced as complementary aspects of the same person, whether that person is viewing themself from the inside or is viewed from the outside by others.

Personal values are important to integrity and resilience as a counsellor but need to be treated cautiously as a basis for resolving ethical dilemmas that relate to clients. Clients' values are more significant than our own for resolving issues that are properly within their autonomy or right to self-government. A counsellor's personal values are an important platform upon which to build the ethical basis for counselling, but not an adequate basis for ethical decision-making on behalf of clients.

Ethics and values implicit in therapeutic models

Our choice of therapeutic orientation will have ethical implications. Therapeutic models are usually produced to serve therapeutic ends rather than as exercises in secular ethics. Nonetheless, they incorporate ethical orientations and beliefs, usually implicitly. The choice of therapeutic model may be a source of insight into your personal ethical predisposition. A comparison between person-centred and psychodynamic counselling will illustrate this point. Carl Rogers, the founder of person-centred counselling, emphasized the client's capacity for self-determination. Counselling is not viewed as a process of doing something *to* the individual, or inducing them to do something about themselves. Rather, it is freeing the client for personal growth and development and from obstacles so that a move forward can again be achieved. The core conditions of congruence, empathy and unconditional positive regard are simultaneously both an affirmation of client autonomy and a constraint on the counsellor's direct influence on that autonomy. The client is not only assumed to have an innate capacity for growth, but is also the expert on how to achieve this.

In contrast, a Freudian psychodynamic model vests the counsellor with a higher level of expertise in the alleviation of distress in the client, partially through a greater awareness of the influence of the unconscious. The therapeutic theory is based on psychological determinism in which a causal link between past experience and present psychology is assumed. The ultimate goal of achieving client

autonomy may be shared with the person-centred counsellor, but the route to achieving that end is different. The counsellor uses an expertise within an ethic of welfare in which responsibility is assumed for assessing what is in the client's best interests in order to alleviate distress and enhance insight. It is also assumed that the trained psychodynamic counsellor is better placed to detect the links between past and present experience than the untrained client.

Other therapies that rely on therapeutic expertise to alleviate distress, such as cognitive, systemic and some humanistic approaches, tend towards an ethic of welfare (i.e. the counsellor knows what is psychotherapeutically best for the client and is required to use that knowledge for the benefit of the client). In contrast, person-centred models and other approaches that are optimistic about the accessibility of personal insights, such as transactional analysis, tend towards an ethic of autonomy (i.e. the client is considered to know what is best for them in the context of their life and experience). Once these associations with different ethical approaches are acknowledged, it becomes much easier to question whether inbuilt ethical biases are appropriate. Person-centred counsellors may find themselves working with clients who, for one reason or another, have considerable difficulty in working within an ethic of autonomy and respond better to a transitional phase in which the counsellor works within an ethic of welfare. Conversely, a psychodynamic counsellor may have a client who is more appropriately counselled within the ethic of autonomy.

The rise of cognitive behavioural counselling is driven by a combination of values concerning beliefs about the importance of scientific knowledge and evidence in planning publicly funded services and making scarce resources available to the greatest number of people. Brief, time-limited therapy and single-session therapies (Dryden, 2020) may, in part, be more open to other approaches to therapeutic models but typically shares a concern to make the best use of limited resources. However, it is wise not to take the values behind any therapeutic movement as unquestionable truths, and even if those values appear justifiable, they may not

match the ‘facts’, or results of what happens in the implementation of the said values. The facts are often more friendly and mutually inclusive of different therapeutic orientations than any analysis based on differences in values might suggest (Cooper, 2026).

The pluralistic framework, originally proposed by Cooper and McLeod (2010), is based on the principle of self-determination, in that the client is positioned with a frame of autonomy, but also as a collaborative partner in therapy, determining their own integration of therapy that best fits their own needs at that time. Pluralism assumes that no one approach to counselling will be right for every client, all the time. Rather, different people need different things at different times, and the same individual might benefit from one therapeutic approach at one stage, but another at a different time. The place of the counsellor here is to facilitate collaboratively the form and nature of therapy in relation to the tasks and goals agreed at the outset (or developed during the therapy and reviewed).

Overarchingly, values ought not to be taken for granted or adopted unquestioningly. Our preferred choice of therapeutic model and its implicit values provides important insights into ourselves as counsellors, well worth periodic reflection and self-examination. Second, from a client’s point of view, the values inherent in our approach to therapy will shape their therapeutic journey for good or bad. An unexamined value may become as dangerous or counterproductive as an unacknowledged cause of a client’s therapeutic struggle. Unexamined values can set counsellors against their clients just as easily as therapist against therapist. Once value differences can be openly acknowledged and discussed, it becomes easier to find points of human contact and mutual understanding, even if agreement cannot be reached.

Pause for reflection 3.2

\a Your model and values

Consider what attracted you to the model you are training in, or have trained in. Was it expediency, in that it was the closest training programme to home, or were there other factors that attracted you to it? What were they and how, as your relationship with your model has progressed, have your model and values informed each other?

Agency policy

If a counsellor works within an agency, it is commonplace to be required to follow specific protocols and procedures regarding some ethical and therapeutic dilemmas. For example, many agencies have adopted a policy that child protection takes precedence over individual client confidentiality. It is not unusual to find that observance of these policies is a term in the counsellor's contract of employment, or that volunteer counsellors are asked to give a written undertaking to observe certain policies.

A precise evaluation of the appropriateness of individual policies will need to consider the context in which the agency provides its services, its range of clients and their needs, as well as the organizational ethos of the agency. The expansion of the availability of counselling means that it is provided by a whole variety of agencies: some dedicated exclusively to providing counselling, and others where the counsellor may be a single person working alongside several different professions providing a variety of services (e.g. counselling in primary healthcare) or a single profession providing a highly regulated service (i.e. in schools).

The professional autonomy of the counsellor is framed in this context for providing more credible and trustworthy services to the public and in the hope of more consistent opportunities for employment and social recognition of the social value of counselling. To be professional requires ethical standards. Being accountable for those standards and working within organizations requires a degree of

bureaucracy. However, neither of these developments should be allowed to extinguish the drive and innovative spirit that fired the original visions of counselling as a force for good. To be a force for good each counsellor needs to foster the drive of the radical for improvement, the professional for standards, the bureaucrat for accountability and systems, and the advocate for social justice. As in social work, the tension between these different drives will play out differently in different contexts and organizational cultures.

Professional codes, frameworks and guidelines

Professional codes, frameworks and guidelines are a valuable source of ethical information. They will be the first points of reference for many counsellors. At their best, these documents are a source of collective wisdom validated by a process of consultation during their adoption procedures by the organization that produced them. They often represent a distillation of ethical and legal principles because, even if a code makes no explicit reference to the law, most reputable professional organizations will have sought legal clearance from a lawyer before issuing the code. However, it is the distilled quality of these ethical statements that is also their greatest limitation.

Codes and ethical frameworks tend to be written in general and abstract terms to condense the experience and thinking behind them and to make them as widely applicable to a variety of circumstances as possible. This means that they are unlikely to be read for their literary quality or narrative pull. Unfortunately, this will discourage some people from reading them in advance of an ethical dilemma and indeed, some members of professional associations that have signed to work within the ethical guidance document of that association sometimes claim never even to have heard of it. This is a pity because the urgency and emotional turmoil surrounding a crisis make this an inauspicious occasion to read a code for the first time. They are complex documents with many interrelated provisions and need to be understood before the significance of any of the parts can

be fully appreciated. Moments of high drama tend to complicate gaining an overall understanding of the contents of a code.

Counsellors in an ethical crisis tend to clutch at clauses, as drowning people are said to clutch at straws. Extracted from their context, these clauses of comfort can be quite misleading, especially if that is all that someone is relying on. For example, working with suicidal clients at a point of suicidal crisis often leads counsellors to look for certainty in their ethical frameworks, hoping for a ‘tell me what to do’ position, and encounter high levels of frustration when they do not find a specific answer. Likewise, however, they can also struggle with a perceived certainty of some policies and procedures which direct them to act in ways counter to their personal values with respect to more general aspects of working with risk (Reeves, 2015).

It is much better to be familiar with relevant codes before a crisis occurs. Often, prior knowledge will enable that crisis to be averted because most ethical guidance forewarns the reader about potential areas of difficulty, and even if the dilemma is not averted this prior knowledge will usually assist in the interpretation of relevant passages.

The reality is that any ethical guidance will often be used as the basis for complaints procedures against members of that organization. To breach the terms of a code by which you are contractually bound is a serious matter and can lead to a formal complaint; however, the level of obligation is seldom such to justify blind compliance. That would undermine the ethical basis of the counselling relationship, as it prioritizes the code as being more important than the human relationship. Indeed, there may be occasions when the more ethical response will be to breach the code. Such a breach would only be justified when undertaken in dialogue with supervisors, experienced colleagues and the professional body. To breach a code is a serious matter for which there must be willingness to be accountable, often within the disciplinary and fitness to practise procedures of the professional body concerned. It is not something to be undertaken lightly without

good reason or paying attention to how the decision is reached and implemented.

The ultimate ethical responsibility must rest with the individual counsellor and their personal and professional judgement. Someone who conscientiously breaches a provision of their professional code for carefully considered ethical reasons is in a much better ethical position than someone who breaches a code through ignorance or a reckless disregard for its provisions. Codes, frameworks and guidelines do not eliminate the need for ethical awareness in interpreting how they apply to particular circumstances. It is salutary to remember that most ethical guidance is seldom comprehensive. For example, most counselling codes are relatively silent about working with young people, in comparison to counselling adults, although this area continues to change, with BACP currently developing a competence framework for working with children and young people which sits within a good practice frame (BACP, 2018b, 2019). Ethical guidance can seldom be definitive. It cannot override legal obligations, at least in the eyes of the law. Guidance is also ephemeral, as all codes are periodically revised and updated in response to changes in social circumstances and working practices. However, there is often a time lag between these developments and their incorporation within the ethical guidance or requirements issued by any professional body.

Moral philosophy

Moral philosophy is primarily concerned with identifying what constitutes ‘good’ and ‘bad’ and using logical reasoning to consider the implications for ethical dilemmas. A subsidiary area of moral philosophy is professional ethics: this is a rapidly growing discipline within moral philosophy, which also draws on other sources from social sciences and the law. The focus of professional ethics is an interest in the application of core values that constitute an integral part of professional identity.

The use of a combination of ethical principles as a basis for professional ethics has many strengths. The principles act as vehicles for disseminating a terminology and way of approaching ethical problems which take an integrationist approach to many of the major contemporary ethical models. These act as a metaphorical bridgehead between the different disciplines of moral philosophy and counselling. Arguably, they provide counsellors with a greater level of ethical sophistication than they would be likely to develop by simply reflecting on the ethical dilemmas of their role from a purely practical perspective. The usefulness of any model for professionals is determined by a combination of two factors that exist in tension with each other: there needs to be sufficient complexity to accommodate a wide range of applications, but also sufficient simplicity for these to be readily recalled and applied by a busy practitioner. The application of the principles by Thompson (1990) has that combination of sufficient complexity and simplicity to be useful to counsellors whose primary concern is not moral philosophy but practical ethics.

The presentation of moral philosophy as principles also matches the bureaucratic needs of professional organizations. Principles provide a convenient method for focusing the membership's attention on the rationale for the collective ethic to which they are bound as well as a readily usable method of regulation and adjudication. There is a potentially closer relationship between the expression of individual and collective ethics than would be the case in other approaches to moral philosophy. These positive aspects of the expression of professional ethics in terms of a series of principles have led to some counselling organizations actually promoting them as a method for ethical insight. However, principles are not always easily transferable across cultures.

Social justice in context 3.1

The increasing tendency for professional associations and other organizations in the counselling professions to

implement the concept of social justice into strategic plans and mission statements is worthy, but also places a challenge to act in accordance with the principles of social justice. Rather than a statement of social worthiness, a true commitment to social justice demands the application of ethical principles in such a way as to challenge and combat the consequences of social injustice. This, arguably, will inevitably mean that, at times, counsellors – and organizations – act in such a way to challenge the status quo and position themselves as advocates for those without power or voice. Is it sufficient to be committed to social justice without a more proactive stance against social injustice?

Law

The privacy of most counselling relationships may seem to justify a belief that the law is largely irrelevant to counsellors; this is an illusion. The counsellor and client alike are citizens within a national, and increasingly international, system of law. Being aware of the law has several potential gains. Frequently, the law and counselling practice are mutually compatible. A legally well-informed counsellor is best placed to use the law to protect the rights and responsibilities associated with their work through a process of supporting self-determination and advocacy. Counsellors seeing fee-paying clients ought to be aware of the law of contract, which can be used to support the counselling relationship and clarify both parties' expectations of each other. Ignorance of the law can be correspondingly undermining and introduce unexpected and unwelcome surprises. For instance, in the absence of a clear contractual agreement between client and counsellor, a court may imply a contractual term. Counsellors seeing non-fee-paying clients have greater difficulty in establishing the legal basis of their relationship and may be subject to greater legal uncertainty.

Nonetheless, following the principle that to be forewarned is to be forearmed, all counsellors would be well advised to have at least a basic familiarity with the law concerning contract, negligence, defamation, confidentiality, the protection and disclosure of records and acting as a witness (in civil, criminal and coroners' courts) (see Bond and Sandhu, 2005; Mitchels and Bond, 2021). Depending on the type of work undertaken by the counsellor, it may also be appropriate to consider the law concerning mental health, families and young people (see Mitchels and Bond, 2010, 2011). Obtaining this kind of information is becoming progressively easier as new publications appear.

One of the difficulties posed by the law for counsellors is its complexity and the potential for seemingly contradictory legal provisions. Some basic principles of law go a long way towards easing this problem. The law is a hierarchical system. Statute law passed as legislation by Parliament overrides all other kinds of law. In the absence of any statutes, the law may have been created by a system of case law, in which the legal principles developed by the most senior court bind all those below it. Policies adopted by government departments have no legal standing unless they are supported by statute. The courts frequently make the point that government policy by itself is not legally enforceable and that the government has the means at its disposal to make it enforceable, if it be so minded.

It is also important to realize that any contractual term that conflicts with either statute or common law (a form of case law) is unenforceable. This is particularly significant regarding confidentiality and working with suicidal clients (see Chapters 7 and 9). Another common mistake is to assume that what is good law in one organization automatically applies to all others doing similar work. The legal bases of public sector, commercial and voluntary organizations are quite different. Public bodies can only do what they are authorized to do by statute, so may have obligations that would not apply to other kinds of organization. It is also usual to find very different kinds of powers and obligations applying to different public

bodies. It is commonplace to find that the legal obligations held by children's services concerning child protection are wrongly thought to apply to other types of organization. As always with the law, the devil is in the detail; the list below attempts to summarize some basic principles for making best use of it.

Use the most up-to-date law.

Distinguish between the relevant legislation and case law, as the former overrides the latter.

Check whether public or agency policy is a legal commitment backed by legislation required by a contract with the people affected.

Know the terms of your contracts with clients, employers and professional bodies. Ensure that these agree with what you offer your clients.

Seek advice from a lawyer on important issues.

Pause for reflection 3.3

\a Sources of counselling ethics

What ethical issues have you encountered that can arise in counselling? What sources of counselling ethics have been most useful to you in resolving these dilemmas? Why have they been most helpful?

Relational ethics

The development of relational ethics marks a significant shift in the understanding of ethical practice within counselling. Moving beyond traditional rule-based approaches, relational ethics centres on the quality of the relationship and the mutual responsibilities inherent in human connection. Historically, ethical frameworks such as deontology and utilitarianism provided clear principles of right and wrong, but they often overlooked the contextual and relational realities that counsellors face in practice. Within a profession that is fundamentally relational, the limitations of purely principle-driven models became increasingly apparent.

Relational ethics also calls attention to the power dynamics inherent in counselling relationships. It encourages practitioners to engage with power consciously and collaboratively, fostering transparency and shared responsibility (Gabriel and Reeves, 2024). This approach requires continual self-reflection, supervision and an awareness of the counsellor's personal and cultural positioning. Ethical sensitivity, therefore, develops through sustained engagement with one's relational stance and values rather than through rigid application of external codes.

In current practice, relational ethics is evident in the profession's growing emphasis on cultural humility, intersectionality and relational depth (Mearns and Cooper, 2017). It reframes ethical practice as a living, relational process—an expression of integrity, compassion and mutual respect. As Gabriel and Reeves (2024) note, ethics in counselling is not simply about compliance; it is about the ongoing responsibility to act with care and authenticity in the service of the client's wellbeing.

Conclusion

Drawing attention to different sources of ethical insights is useful in counselling to challenge the notion that simply relying on a combination of professional code(s) or guidelines and a sense of personal morality is a sufficient basis for ethical standards in counselling. Codes and guidelines are important, but they are no

longer adequate to meet the personal, social and legal challenge that many counsellors may encounter in their work. The law is an increasingly significant source that needs to be considered as it represents a form of national morality within a democracy. Moral philosophy provides a basis for re-evaluating many of the ‘taken for granted’ aspects of the law and professional guidelines, as well as the values implicit within therapeutic models.

When there are so many different sources of ethical insight, how can these be prioritized? Which source carries the authority to overrule the others? The law carries the greatest authority as it is enforceable by courts and is a form of democratically endorsed public morality. The law also takes many forms, including European and national legislation, delegated legislation and legal principles established from the analysis of cases by the courts. The law applicable to counselling is complex, but is increasingly better understood within the UK. The next level of authority is the commitments entered into by counsellors as part of their contractual obligations to clients, employers and professional bodies, as the terms of these contracts need to comply not only with the applicable statutory and case law but also with each other. Contracts that do not comply with state law may be partially or wholly unenforceable and a major source of confusion and misunderstanding.

A much more common source of difficulty arises for counsellors when they have differences between their contractual agreements with their clients and their employers. Typically, these differences will arise when the counsellor promises higher levels of confidentiality to the client than their contract of employment will support. This then often comes to a head when the employer wants information about a client or access to the records, but the counsellor has been working on the basis that confidences are to be kept between counsellor and client. The counsellor is caught between conflicting contractual obligations and a choice of which one to break when breaking either may carry serious consequences. It is so much better to ensure that all contractual commitments, especially to clients and employers, are compatible with each other. For counsellors working in different

settings this may mean having to work within different contractual frameworks and obligations. Professional ethics are generally drafted widely enough to encompass a wide range of different contractual commitments, provided clients are properly informed about what to expect from counselling and how their confidences will be managed. State law and contractual obligations set the framework within which ethical judgements have to be made. The most common dilemmas for counsellors concern the protection or disclosure of ‘personally sensitive’ client information, conflicts of interest, dual relationships and respecting client choices when the counsellor feels strongly that a client could have made a better choice.

A securely based ethical decision needs to consider insights derived from all the sources considered in this chapter. Counsellors’ ability to respond ethically and constructively will be considerably enhanced by the extent to which they have already actively incorporated these sources into the ethical framework that informs their everyday arrangements with clients. The outline of that framework is given in the next chapter.

4 Relational ethics in the counselling professions

Chapter overview

Much greater consistency has emerged across the variety of professional bodies that operate in the UK. This chapter provides a consideration of how ethics have latterly developed across the UK professional bodies, with an increasing move to embedding relational approaches to ethical guidance. It concludes with consideration of changes in the regulation of counselling by statutory regulation of counselling psychology and accredited voluntary registration for counselling and psychotherapy.

Key words

ethical framework, codes, relational ethics, statutory regulation, accredited voluntary register

An ethical framework creates a basic conceptual structure within which we can all feel safe and supported to move around freely and make choices. There is enough of a structure to define the available choices and give a sense of distinguishing what is ethically acceptable from the unacceptable or unwise. This can provide essential support and a sense of direction when feeling overwhelmed with ethical uncertainty. On the other hand, the framework creates sufficient spaces to accommodate legitimate differences of opinion. These are spaces where counsellors can position themselves in ways that fit a sense of personal and

professional integrity and take account of clients' needs. The potential for moving around a framework builds in a degree of flexibility that permits changes in position as circumstances change:

> Mutually agreed ethics and acceptable standards of practice in any profession provide the bedrock whereby those practitioners and clients are safeguarded and served within a defined framework and agreed boundaries. In this way the professional search for integrity and credibility is validated. (COSCA, 2014)

This statement draws attention to another aspect of ethical frameworks. These are often the product of collective agreement and endorsed by the members of a profession or professional organization. The most direct sources of the framework are the published codes and guidelines.

Developments in ethics

The ethical touchstone around which all other concerns are organized is the professional relationship of 'helping'. That might include individual work with clients, or couples or groups, but ethical frameworks additionally speak to supervisory and training relationships, therapy-informed coaching as well as a 'way of being' beyond direct work, e.g. in organizations or in the public domain. In direct client work, the emphasis on working with a client's consent and prohibitions on the exploitation of clients is a common theme with all UK and many international professional bodies. This in turn influences the management of core issues such as contracting with clients and confidentiality, where an emphasis on working with client consent is the established norm on all ethically significant issues unless there is concern about harm to the client or others.

There is very little difference between the UK professional bodies, which have established robust ethical requirements that set out the

ethical standards for their members. Their primary purpose is educational, helping practitioners to know and implement their responsibilities ethically. But they are also documents of last resort that set out the baseline for acceptable practice below which a practitioner may be called to account when someone complains, or in a disciplinary or fitness to practise hearing. It is remarkable that this level of agreement has grown across organizations that sometimes exist in competition with each other and in their origins often sought to be distinctive from one another.

There are probably several reasons why this level of consensus between professional bodies has developed. First, over time all the professional bodies operating in England, Scotland, Wales, Northern Ireland and also the Republic of Ireland have been governed by European legislation concerning human rights, and particularly privacy and data protection, which are directly relevant to the management of confidentiality as the most frequently raised ethical concern in counselling. In a post-Brexit world of course, the extent to which that legislation will still apply is uncertain. There has been a commitment by the UK government to retain the principles of human rights, through the European Convention on Human Rights, signed by the UK in 1950. At the time of writing there remains much debate about the UK's potential withdrawal from this Convention, largely in response to developing immigration policy. Law carries more authority than ethics, however, and thus legislation not only promotes consistency across different countries but also overrules the ethical preferences of different professional bodies.

Professional bodies have also matured over the last 25 years and are, therefore, more willing to collaborate in the interests of promoting talking therapies. Some members of professional bodies also belong to more than one and, therefore, draw attention to discrepancies in the requirements between them. Almost all of us will work alongside members of other organizations whom we respect as fellow professionals and view as colleagues with whom we can share ideas about ethics and good practice. Improved transport systems and ease of communication through the internet mean that

both counsellors and clients are more aware of how the various professional bodies operate and that may also encourage pressure for greater consistency.

Paradoxically, the expansion of affordable mass-transport systems and ease of communication by digital technology and the internet mean that counselling is more exposed to cultural diversity around the world. This development raises issues about how counselling accommodates and responds to such diversity, the topic of Chapter 11.

New developments in counselling practice

New developments in counselling practice create new ethical challenges. One of the major new developments is the rapid growth of online counselling using a wide variety of means of communication from text messaging to secure chat rooms, webcam, email and the increasing use of artificial intelligence and online personal ‘assistants’, for example therapy versions of Siri and Alexa to capture and process assessment information, as well as ChatGPT and an increasing number of ‘psychotherapy AI assistants’ purporting to offer free and real-time therapy. The internet provides a seemingly endless range of possibilities which opens up counselling to a much bigger variety of providers and users. The ethical challenges involved in the use of new technologies are considered in more detail in Chapter 10.

The development and integration of relational ethics in counselling

Over the past few decades, counselling has witnessed a significant shift in how ethics are understood and lived out in practice. Increasingly, practitioners and professional bodies have recognized that ethics is not simply about following rules, but about how we are in relationship with others. This movement, often referred to as

relational ethics, places human connection, empathy and mutual respect at the centre of ethical decision-making. Rather than focusing on what can sometimes be perceived as more fixed codes of right and wrong, relational ethics encourages practitioners to think about how their actions, intentions and presence impact those they work with.

Relational ethics grew out of the wider philosophical movement of feminist and care ethics during the late twentieth century. Thinkers such as Carol Gilligan (2016) and Nel Noddings (2003) challenged traditional moral theories that prioritized detachment, objectivity and universal principles. They argued that moral understanding arises from our relationships — from empathy, compassion and attentiveness to the lived experience of others; for counsellors, this was a natural fit. The therapeutic encounter is, at its core, relational. The work is shaped moment by moment through the dynamic between client and practitioner. Gabriel and Reeves (2024) highlighted that the ethical heart of therapy lies in meeting the other person with genuine presence — what Buber called the I–Thou relationship. Ethics, in this sense, is not external to therapy; it is within it. The development of relational ethics within the counselling field has, therefore, involved a move from seeing ethics as compliance to seeing it as connection. It invites practitioners to engage with ethical complexity not by applying fixed rules, but by reflecting on the relational field in which choices are made.

In the UK, this relational understanding has been increasingly embraced by professional organisations, such as BACP, UKCP, NCPS and others. BACP's *Ethical Framework for the Counselling Professions* (2026) represents perhaps the clearest example of this shift; the main document of the Framework is organized over three key sections, Working Ethically in Relationships, Ethical Principles and Core Responsibilities. This first section intentionally moves away from a prescriptive, legalistic model and instead emphasizes values such as trust, respect, integrity and care. It encourages counsellors to engage in ethical reflection: to consider how their relational choices affect clients and to see ethical practice as a living process,

as well as asking counsellors to develop a rationale for practice informed by collaboration with the client (where possible) and in dialogue, drawing on the principles of relational ethics. The framework explicitly notes the importance of working contexts, collaboration, fairness, equality and justice (BACP, 2026).

This approach reflects the essence of relational ethics: that how we relate is central to how we act ethically. The UKCP's *Code of Ethics and Professional Practice* (2019) echoes this by emphasizing mutual respect, collaboration and the awareness of power dynamics within the therapeutic relationship. In supervision, too, these ideas are reflected — supervisors and supervisees are encouraged to explore not just what is being done but how it is being done in relational terms.

Relational ethics in practice and frameworks

Most recent ethical frameworks increasingly recognize that ethics is not a checklist but a conversation — an ongoing, reflective engagement. This aligns with how many counsellors now understand their practice: as co-created, uncertain and relationally charged. Relational ethics asks, 'What is happening between us?' rather than simply, 'What should I do?'. In practice, this means attending to boundaries not as walls but as negotiated understandings; thinking about power not as control but as something to be shared responsibly; and recognizing that our presence, tone and attitude carry ethical weight. Ethical reflection thus becomes a relational process in itself — one that involves supervision, dialogue and self-awareness.

This approach resonates strongly with contemporary understandings of therapy as collaborative and socially aware. As Reeves (2022) notes, ethical practice 'is always lived in relationship — with clients, colleagues, organisations, and the wider world'. The rise of relational ethics within professional frameworks reflects an effort to capture this reality: that ethics is not static, but something we inhabit in every encounter.

The emergence of relational ethics has marked a profound evolution in how counselling understands ethical practice. From its philosophical roots in care and feminist ethics to its adoption by professional bodies in the UK and beyond, the focus has shifted from compliance to connection, from doing right to being right with others. The contemporary ethical landscape now recognizes that ethics lives in the space between us in how we meet, respond and relate. Relational ethics reminds us that in counselling, every moment of contact carries ethical meaning. It is, ultimately, a call to presence; to meet others with honesty, empathy and care, and to understand that our relationships are not just the context of ethics, but its very substance.

Conclusion

When a professional body publishes a code or ethical framework, this is usually intended for a wide range of people, agencies and organizations. Any statement of ethics is first and foremost for the benefit of clients whose interests and rights are being drawn to the attention of professionals. Even though the protection of clients' interests is so foundational, it is ironic that they are least likely to read these in advance of receiving counselling. The audience here is made up of the members of the professional body who must commit themselves to observing the ethical guidance as a condition of membership and may be required to be held accountable for any breach in grievance or disciplinary hearings. The third audience is other professionals working alongside counsellors in interdisciplinary teams, who may wish to be informed about the ethical framework to which their colleagues are committed, and the fourth audience is the range of gatekeepers and stakeholders in society, such as politicians, policy-makers and commercial managers, who can determine whether or not particular services ought to be funded as credible and useful contributions to society.

What unites all of these audiences is their concern for the ethical integrity of the service being provided. A published statement of

ethical commitment by a professional body on behalf of its membership provides evidence of a collective commitment to being ethical. The degree of consensus across the major professional organizations responsible for counselling in the UK suggests that this commitment is both well established and worked out in a reasonable amount of detail.

However, there are changes in process which will affect the ethical landscape for counselling. One of the difficulties for professional bodies is that they appear to have a conflict of interest between *protecting* the interests of clients and *promoting* the interests of their members, who are the service providers. This becomes very apparent whenever a client has a grievance against a counsellor and wishes to make a complaint or start a disciplinary case. If the professional body is responsible for investigating and deciding the outcome of the grievance, it will be very hard for the client to be convinced that they will get a fair hearing and that the professional body will not 'look after its own'. This is a suspicion that is hard to refute.

The introduction of statutory regulation has changed this for counselling psychologists. It is the regulator, the Health and Care Professions Council (HCPC) in the UK, who will take on primary responsibility for the protection of clients' best interests and those of the professional bodies for the professional development and support of counsellors providing the services. Counselling psychologists are each subject to a statement of duties as a registrant that is set out in the *Standards of Conduct, Performance and Ethics* (HCPC, 2024). The system of regulation for all other counsellors and psychotherapists on accredited voluntary registers by the Professional Standards Authority (PSA) works differently. In this type of regulation, it is the professional body that is accredited to admit people to its own register and to hear complaints and disciplinary cases against registered members. This means that the perception of a potential conflict of interest arising when a profession is hearing complaints against its own members will continue. This system of regulation is still in its early stages of development, so it

may be a few years before it is possible to assess the benefits and disadvantages of accredited voluntary registration.

All registrants in both the statutory and voluntary registers are required to maintain their fitness to practise and meet all the other requirements of registration or cease to practise as a counsellor or psychotherapist. Professional bodies will still have a major contribution to make to the support and development of counselling and to the ethical health of the profession beyond the legal requirements of regulation.

Pause for reflection 4.1

\a Guidance from professional bodies

What do you look for in ethical guidance from your professional association? Do you consider that the current guidance offers what you need; do you have thoughts about how you might want it to develop further?

PART II RESPONSIBILITIES IN PRACTICE

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5 Safety, negligence and insurance

Chapter overview

What can go wrong that may cause actual harm to clients? This chapter considers some of the obvious and easily overlooked sources of harm. To be forewarned is the best basis for prevention. The chapter concludes with a section on insurance as an essential protection for clients.

Key words

physical safety, psychological safety, negligence, advice, insurance

The primary focus of a counsellor's attention is the client, ethically and therapeutically. This means that responsibilities to the client are the counsellor's foremost concern. A key aspect of these responsibilities is to protect the client from any harm that may be caused by attending counselling. As we have seen in the previous chapter, the principle of doing no harm is not usually presented as the foremost ethical concern. The published ethical statements of national counselling organizations prioritize more positive ethical principles, which by implication assume that avoidance of harm to the client has been taken into consideration to achieve these more positive aims. The aim is not to present a case for prioritizing avoidance of harm over other ethical principles. Reservations about rigidly prioritizing any of the ethical principles over the others would apply equally to this one; however, it is a useful starting point. The potential for causing harm can be avoided or at least substantially

reduced by considering in advance how the risk of causing any harm may be obviated or minimized so that the way is cleared for more positive ethical aims.

Client safety

Counselling is primarily a talking therapy. Therefore, it is relatively easy to overlook the physical dangers and to concentrate on psychological sources of harm. This could be an unfortunate error, affecting not only the client but also the counsellor. It is in the counsellor's own interests to avoid some of the more obvious sources of legal liability, which, if they arose, could result in the payment of substantial damages to a client. Some fictitious examples will provide examples of the kinds of harm that could befall clients.

Physical safety

Perspectives from practice 5.1

\a Bill

Bill was so nervous when he entered the counselling room that he did not notice a shelf at head level. He bumped his head so badly that he required medical treatment.

The risk of physical injury to a client during counselling is usually fairly low, provided that the counsellor has anticipated any sources of danger and removed them. Nonetheless, there is always the potential for a client tripping, falling off a chair, or bumping into something. In these circumstances the client may seek compensation for any injury, particularly if it appears that the counsellor has not taken sufficient care to protect that client from injury. Normally this claim would be made against the 'occupier',

defined in law as ‘a person who has sufficient control over premises to put him under a duty of care towards those who come lawfully upon those premises’ (Goudkamp and Nolan, 2025). Often this could be the counsellor. Normally the claim would be covered by public liability insurance if the counselling is taking place on business or public premises. If the counsellor was held by the court to be in control of the premises and the insurance cover was inadequate, then all or part of the claim might have to be met by the counsellor personally. This has important implications for both counsellor and client. If Bill’s injuries were serious or resulted in disability, any award for damages could be substantial.

Many counsellors work from home and may be relying on their household insurance for protection. The counsellor’s household insurance company should always be fully informed because failing to inform the insurer about working from home could potentially invalidate an existing household policy. Also, most household insurance policies exclude cover of premises, or parts of premises, used for business purposes, and when informed that a counsellor is working from home, they may refuse cover, impose conditions or charge an additional premium.

Without adequate insurance cover for public liability, a counsellor could be personally liable to pay damages. It is therefore important, whatever the circumstances of working, that a counsellor seeks advice from a competent insurance broker about whether ‘public liability insurance’ is a requirement.

Pause for reflection 5.1

\a Physical safety

Have you considered the physical space in which you work and the potential hazards that might exist for your client’s physical safety?

Online safety

While online counselling (e.g. via email, chat or video platforms) has been established for some time, the Covid-19 pandemic in 2020 saw many counsellors having to suspend face-to-face counselling and move into an online environment. While organizations such as BACP and the Association for Counselling & Therapy Online (ACTO) have provided excellent guidance for many years, counsellors often focused on the transition of the therapeutic relationship to an online environment and less attention was given to the space of the online world. Since that time, many counsellors have continued to work online, or at least a mixture of face-to-face and online. As such, these challenges remain ongoing considerations.

In a face-to-face setting, counsellors often spend a great deal of time ensuring the physical space is conducive to therapy, but perhaps less so for the online space. The potential for self-disclosure (family photos, other aspects of a counsellor's private world) is greater when online sessions are delivered from a living room, or bedroom (where they would not ordinarily be), or where there may be intrusion of other family members. While much humour surrounded television interviewees being interrupted by their children, such an event in a counselling session could be profoundly distressing for a client.

Likewise, the counsellor needs to ensure that they inform themselves of online safety, including the security of the technology platforms they use, and that sufficient attention is given to encryption, for example. In the early days of the pandemic many trainers, new to an online setting, struggled to successfully implement appropriate security settings to safeguard the integrity of the training session, or found that security offered by platforms at that time was insufficient for their needs. The online space of counselling requires commensurate care and attention, in the same way as would a physical space for face-to-face therapy. Ethical frameworks (Association for Counselling & Therapy Online, 2025) and good practice (BACP, 2025a) are an excellent starting point for this and, of course, additional training.

Psychological safety

All the counselling models of theory and practice claim that clients will benefit from counselling and usually favour a particular theory and method. Working with clients is seldom as straightforward as the counselling models suggest. There will be moments when a counsellor will be faced with making difficult choices about how to respond and assessing what will be most helpful for a client. Especially in the early stages of a counselling relationship, it is often possible to sense a client's vulnerability around issues that have not yet been declared. It then takes time for the necessary trust to develop which will enable the client to voice that vulnerability. There can often be differences between trainees and experienced counsellors in their confidence in allowing a client space to move into vulnerable areas. Inexperienced counsellors are more likely to feel the burden of having to be seen to have something to offer and therefore become more challenging in their interventions than a client's level of trust can sustain.

Fortunately, most clients are sufficiently resourceful to protect themselves against such psychologically mistimed interventions whether from inexperienced or experienced counsellors. However, it is unethical to rely on this capacity for self-protection. Any process with the potential for good is likely to have the potential for harm when it is misapplied. In medicine, a subsidiary principle to non-maleficence has been adopted for situations when it is considered that no further help is possible or it is unclear how helpful a particular intervention will prove to be: 'Above all, do no harm.' This sense of respect for a client's situation and proper caution in assessing the appropriate way of responding to the client is fundamental to psychological safety and thus serves both ethical and therapeutic aims. All the published requirements of professional organizations considered in the previous chapters stress that counsellors should work within their level of competence, which is clearly an essential requirement for avoiding client harm. The use of counselling supervision where these issues can be discussed remains an additional safeguard for clients.

The ethical significance of avoiding psychological harm to a client is barely matched by the corresponding legal obligation. The example below will illustrate the sort of situation in which a claim for compensation for psychological harm could arise and the difficulties clients may encounter in obtaining damages.

Perspectives from practice 5.2

\a Peter

Peter approached a counsellor for assistance with a bereavement. Despite the counselling, he felt progressively worse and became more withdrawn. Eventually he was treated for depression by a psychiatrist. On his recovery, he considered suing his counsellor.

If a counsellor has created a contract with a client promising improvements or the absence of deterioration, that client could sue for breach of contract. However, Cohen (1992: 13) observed that:

> counsellors and psychotherapists wisely, therefore, tend to be very cautious about predicting outcomes, and the very wisest of them promise nothing at all! Some who do choose to make extravagant claims for their brand of counselling or therapy offer no quibble money back guarantees to disappointed clients: this is a sensible precaution against claims for misrepresentation and breach of contract.

This advice from one of the first lawyers to take an interest in legal issues for counsellors remains highly relevant to current practice.

In the absence of any contractual terms relevant to a claim, a client's case would be based on the alleged negligence of the professional

concerned, in this case a counsellor. To establish their case, a client would need to show the existence of:

a duty of care;

a breach of that duty;

proof that damage was caused by this breach of the counsellor's duty of care (the causal link).

The level of the duty of care owed by counsellors is the same as that of any other professional. They are required only to exercise reasonable care and skill in rendering their services to clients. The duty of care does not require that there should be no deterioration, or even that there should be actual improvement. Reasonable care will be assessed by a court via an examination of the standards of the profession, particularly its guidelines about ethics and conduct, its leading textbooks and the testimony of its leading practitioners. If, as is the case in counselling, there are differences in view about what constitutes acceptable professional behaviour (e.g. variations between theories and methods of counselling), these will pose a problem for the court. In such circumstances, the court does not become involved in assessing which treatment is more effective, and nor does it regard less-effective treatments as negligent. (This could be significant in view of the current evidence-based practice guidelines discussed in Chapter 16.)

An assessment of effectiveness would be fraught with problems and would leave no room for differences of opinion between conscientious and generally competent practitioners. Courts have therefore adopted a different approach, which is that professional practice is not considered to be negligent if it follows the practice accepted at the time as proper by a reasonable body of professional opinion skilled in the form of treatment (Goudkamp and Nolan, 2025). The test used to decide whether this is the case was formulated in *Bolam v Friern Hospital Management Committee*

[1957], which covered medical negligence, but now has much wider application. Kenneth Cohen (1992: 12) has indicated the kind of question that a judge might ask themself:

> Even though there is a body of competent professional opinion which might adopt a different technique, did the practitioner act in accordance with a practice accepted as proper by a responsible body of professional opinion skilled in the particular form of treatment?

If counsellors can show that they acted in accordance with a reasonable body of competent professional opinion, then there is likely to be a complete defence, but there are still uncertainties about how counsellors would establish this defence. Courts already attach great weight to medical opinions, but the status of non-medical opinions is increasing, where that opinion is given by someone who is sufficiently qualified and experienced to be viewed as an expert witness. Increasingly, courts will also refer to official guidelines for practice, such as those from the National Institute for Health and Care Excellence (NICE), Talking Therapies (formally IAPT) (NHS England, 2025), ethical guidance from a relevant professional body (e.g. the BACP's *Ethical Framework* (2018a, 2026) and authoritative sources about the professionally endorsed variety of approaches to providing counselling.

To succeed, a client must also establish that the breach of the duty was the cause of the harm suffered. 'Cause' is defined strictly to mean 'materially contributing' rather than 'determining'. This means that conjectural and speculative explanations of the cause of the harm are inadequate. The question may be put as 'Would the loss or harm have happened but for breach of this duty?' The existence of more than one possible explanation, particularly explanations not involving the counsellor, could discredit or reduce the claim. In Cohen's opinion, there may also be an inherent anti-litigation bias within counselling arising from the difficulty a client has in establishing a counsellor's responsibility for the harm suffered in a

relationship where the client retains a high level of responsibility for the outcomes of the counselling: ‘Many would say that in the long run, a good counsellor or therapist seeks to empower and encourage his client to locate causality operating in her life more and more within herself, rather than others, including in particular the counsellor’ (Cohen, 1992: 12). Although the law has continued to develop since he made this observation, this is still generally true. On the other hand, an empowered client might become more active in pursuing grievances against the counsellor if that individual has been negligent in the way they have worked.

There are other legal rules that may adversely affect a client’s ability to sue for negligence. No compensation is available for hurt feelings alone in this kind of case unless they are of sufficient duration and severity to amount to mental illness (see *McLoughlin v O’Brian* [1983]) and recent cases have affirmed this general principle.

A client is likely to experience considerable difficulties in bringing a legal action against a counsellor for negligence resulting in psychological harm. This raises the question about whether professional organizations and any agencies providing counselling have a responsibility to hear complaints that receiving counselling has caused serious personal harm. Most of these bodies will hear allegations of harm arising from clearly unethical behaviour, such as the sexual or financial exploitation of clients, but are less likely to consider issues relating to poor practice. All PSA-accredited register holders, such as BACP, UKCP and the NCPS, for example, have developed disciplinary and complaints procedures. All registrants on either statutory or accredited voluntary registers are potentially subject to disciplinary or fitness to practise procedures.

In the case of *Landau v Werner* [1961] it was held that the defendant, a psychoanalytically orientated psychiatrist, was liable for negligently causing deterioration in his client’s condition by engaging in social contacts with her in a misguided attempt to resolve her transference. Her deterioration had been such that she attempted suicide. The Court of Appeal upheld this High Court judgment. Both

courts rejected allegations that the defendant had had sex with his client.

The lack of cases against counsellors based on negligence is in sharp contrast to the USA, where the rules for establishing liability are much more favourable to the client and therefore litigation is a much more frequent occurrence. For a more detailed exploration of the law of negligence see Mitchels and Bond (2010) *Essential Law for Counsellors and Psychotherapists*, and Jenkins (2007) *Counselling, Psychotherapy and the Law*.

Inappropriate advice

One of the ways in which clients can be harmed is by being given inappropriate or misleading advice. There are a variety of approaches to the appropriateness of giving advice within counselling. Historically, members of the BACP have striven to distinguish counselling from advice-giving. For over a decade the British Association for Counselling (the forerunner of the BACP) provided ethical guidance that 'Counsellors do not normally give advice' (BAC, 1997: B.1.3.6). This is probably generally true of all counsellors when it is applied to matters like a decision about leaving a partner, which is usually a personal matter that falls within client autonomy (see Chapter 6). However, models vary in the extent to which they consider it appropriate for counsellors to give advice or be directive about the counselling. There is some research evidence that counsellors use other types of communication strategy to influence clients, even when they claim to avoid advice-giving (Silverman, 1996). There is also an ethical case for creating an obligation on counsellors to advise clients about the potential risks of seeking counselling where these are reasonably foreseeable by a counsellor.

Some models of counselling have no reservations about the value of giving advice and advocate constructive directions to clients that might include undertaking specified exercises or activities such as 'homework' between sessions. Cognitive behavioural therapy and

many forms of brief therapy take a positive view of appropriate advice-giving. One of the keenest advocates of advice within therapy and counselling was the late Albert Ellis (1913–2007), who asserted the value of talking clients into something that he believed on theoretical and practical grounds would be therapeutic. He was critical of counsellors who avoided challenging inappropriate or self-destructive beliefs and argued that the timidity of a counsellor colluded with the client's own maleficence towards themselves (Dryden, 1998). Ellis was an energetic advocate for rational emotive behavioural therapy (REBT), the model of which he was the founder, and which has influenced other approaches to cognitive therapy. His views directly opposed the established practice of person-centred and psychodynamic approaches to counselling where abstinence from advice-giving has been much more the norm. It could be argued, however, that professional ethics need to avoid being partisan about ways of working that are valuable within established therapeutic approaches. It would be as wrong to require that counsellors give advice as to require that they abstain from giving advice. The ethical case for giving advice which is consistent with a chosen counselling model is a strong one. In the context of a model that depends upon advice-giving, a counsellor's deliberate avoidance of doing so may harm a client by withholding a potential benefit of counselling and violate the basis on which that client is seeking counselling. In addition, there is another situation where there is probably a general duty on all counsellors to consider giving relevant advice. This concerns informing clients about any potential risks of counselling.

Perspectives from practice 5.3

\a John

John is a student who is shortly to sit important examinations. He is actively anxious about taking the exams and this anxiety is compounded by a sense that the current stress has re-stimulated early childhood traumas.

It is not unusual for people who are facing major life events also to experience a resurgence of feelings from other aspects of their life, which seem to compound their difficulties. The challenge for counsellors is finding ways of responding constructively to those life events, such as the forthcoming examination in the example, and assessing whether dealing with the other aspects of clients' issues would be better undertaken before or after their current challenging life event. It is increasingly usual practice among student counsellors to be cautious about starting major counselling work close to examinations. There is a strong ethical case for advising a client to consider dealing with those issues after the examination has been completed, and to keep the focus of the counselling on managing the immediate anxiety about the examinations. At least the client ought to be alerted to the possibility that the emotional demands of dealing with other issues simultaneously with a major life event may reduce their level of energy and ability to focus on that life event.

It may also be ethically appropriate to advise someone to seek specialist help other than counselling or in parallel with counselling. For example, someone may present with constant headaches and a loss of coordination, which they then attribute to stress-related problems. Such symptoms could equally well indicate a physical illness such as a brain tumour, where early diagnosis can be critical to the outcome of any treatment. It is ethically appropriate to advise such a client to seek a medical examination to eliminate the physical origins of symptoms or to clarify the nature of the counselling task. Most counsellors' lack of medical training increases the ethical case for maintaining clear boundaries as regards the responsibility for physical and psychosocial issues. People with eating disorders are often reluctant to seek medical help and yet severe forms of eating disorders can have long-term consequences for health and fertility and can be life-threatening. Again, this is a situation where a counsellor may wish to advise medical checks in parallel with the counselling. It would be inappropriate for a non-medically trained counsellor to be monitoring weight loss, but where this is an issue

there are good ethical reasons for at least advising about the consequences of not seeking that kind of help.

The law recognizes the potential harm caused by negligent advice (sometimes referred to as ‘negligent misstatement’) and makes the tests for legal liability less stringent than for negligence. Unlike in the action for negligence where a client would have to prove a direct causal connection between the breach of a duty of care and the harm (see the previous section), in negligent misstatement a client would simply need to show that a counsellor took professional responsibility for the advice given and that the client acted in reliance on that advice to their detriment. Unlike claims for personal injury in negligence, the client would also be able to claim for purely economic losses (e.g. a loss of earnings suffered because of bad advice), even though there might have been no damage to person or property and/or no legally recognized contractual relationship between counsellor and client. However, there is no liability for advice given informally, for example in a discussion at a social event for which a counsellor took no professional responsibility (Goudkamp and Nolan, 2025).

Negligence in the context of counselling practice might take several forms: for example, a serious lack of empathy, overstepping boundaries in the relationship with a client, failing to recognize serious mental illness or suicidality, or giving inadequate or incorrect advice in the context of a modality where advice-giving is the norm. A counsellor’s failure to meet their duty of care and their consequent potential liability for negligence in tort will be the same in all these cases.

Counsellors who advise homework for clients (as opposed to facilitating clients setting their own homework between counselling sessions) may incur liability if there is a breach of a duty of care and clients act on the advice to their detriment. Cohen (1992: 15) gives two speculative examples:

> Suppose … a client says in effect: ‘I confronted my boss as we agreed I would. But now he’s fired me and I wouldn’t have lost my job but for your bad advice.’ Or suppose a client is arrested by the police for engaging in sexual activities which his counsellor had negotiated with him as homework without realizing they are illegal.

These examples illustrate the legal risks of advice-giving and how poor or wrong advice can be deemed negligent in law.

There is a general principle in medical negligence law that failing to advise the risks of treatment can be as negligent as giving bad advice (*Sidaway v Bethlem Royal Hospital* [1985]). However, counsellors are in a different position from that of medical advisers. They are not usually providing medicines with known potential side-effects or performing physical procedures which often involve some degree of risk, which are recognized by a body of professional opinion that considers such risks ought to be disclosed. The risks of counselling will depend upon each client’s specific circumstances, and the nature and degree of risk may vary as counselling progresses (e.g. if a client has unexpected big life events to face, or suddenly becomes psychotic or suicidal). Some clients may need warnings at some point in their therapeutic process; others may never require one. There is no general duty to provide warnings, but in any counselling alliance a situation may develop in which a therapist has a duty to warn a client, and that duty will depend upon the client’s particular circumstances.

The importance of insurance

It is a requirement for all registered counsellors (regardless of the type of register or professional body) to have adequate indemnity insurance in their personal capacity or through their employer. The risk of legal action against a counsellor is relatively small, which is usually reflected in proportionately small premiums. However, the

costs have been considerable where counsellors have been held liable for matters such as clients falling and injuring themselves (public liability), malpractice, errors and omissions (professional liability), or other sources of harm to clients. Professional indemnity insurance (to cover professional liability) and public liability insurance are both necessary. Damages in major physical injury cases, usually arising from car accidents, can exceed £5 million, and exceptionally can reach £10 million for a lifetime of 24-hour intensive care. Such severe levels of injury are unlikely to happen as a direct consequence of counselling.

However, no counsellor can be totally confident that a client will not slip on stairs or trip up on a carpet or rug and receive chronic injuries. Whether the injury arises directly because of the counselling or is the counsellor's responsibility as the occupier of the premises, it is ethically desirable that the client can be as adequately compensated as possible. The legal purpose of damages awarded to clients in these circumstances is to put them in as good an economic position as if the accident had not occurred. The person who is adjudged to be liable is often responsible for paying both parties' legal costs. Whatever the shortcomings of a rather slow and cumbersome legal process, these are ethically desirable aims. The most practical way of achieving these ethical objectives is through insurance or membership of a professional protection society, unless the counsellor has enormous personal resources to indemnify themself. It is recommended that an adequate policy should include:

- professional liability indemnity (malpractice, errors and omissions);
- public liability cover (including occupier's liability);
- libel and slander insurance;
- product liability cover (particularly relevant to counsellors who supply items such as relaxation tapes and CDs);

cover for complaints made against the counsellor to professional bodies and regulators.

There is now a good choice of providers who advertise in professional journals or can be identified by internet searches.

For further information about indemnity and other types of insurance, see Chapter 6 in Mitchels and Bond (2010) *Essential Law for Counsellors and Psychotherapists*.

The case for having adequate insurance is not simply altruistic, on behalf of the clients. There is also a degree of self-interest. Even the costs of preparing a legal defence to a relatively minor claim can run to several thousands of pounds, which may be prohibitively expensive for an individual counsellor. The payment of relatively modest premiums provides a degree of financial safety for the counsellor as well as protection for the client.

Conclusion

In attending to safety, negligence and insurance, it is important to recognize that ethical practice is not only expressed in our intentions, but in the careful anticipation of what might go wrong in the spaces, including physical, psychological and increasingly digital. To practice well is to be mindful of the potential impact of our interventions, including advice offered or withheld. The legal frameworks of duty of care and negligence provide an important backdrop, yet it is our ethical commitment to minimise harm and act responsibly that gives these considerations their meaning. Adequate insurance, in this context, is not merely a professional requirement, but part of an ethical stance that seeks to safeguard both client and practitioner, acknowledging the shared vulnerability inherent in therapeutic work.

6 Client autonomy

Chapter overview

Respect for client autonomy – the right to be self-governing in whatever way that is understood by a client – is at the heart of counselling ethics. This chapter explores different approaches to respecting client autonomy adopted by well-respected counsellors before considering the ethical challenges encountered in everyday practice. These include: the client forced to receive counselling; providing sufficient information to inform the client's choices; the importance of contracting; and differences in values and beliefs between counsellor and client.

Key words

autonomy, self-government, voluntary, contracting, personal values, faith, racist, sexist

Autonomy means the right to 'self-rule' or 'self-government'. Gillon (1985) has provided a fuller definition of the capacity to think, decide and act based on such thought and decisions, freely and independently and without, as it says in the passport, 'let or hindrance'. It is useful to consider the two elements of 'self 'and 'rule' separately to appreciate the application of this ethic in counselling.

'Self' in self-rule

Our sense of ’self’ is fundamental to our identity. ‘Me’, ‘myself’ and ‘I’ are some of the most frequently used words by clients. An ethic of autonomy validates every person’s right to consider themselves as the subject and controller of their lives. Typically, when someone seeks counselling, they are prompted by their sense of self feeling reduced, conflicted, troubled or distressed in ways that damage their sense of being at peace with themselves and their feeling of being in control. The ethical and therapeutic purpose of counselling is to restore that sense of taking personal control and well-being. This is why an ethic of respect for autonomy fits so well with the aims and purpose of counselling. It can be argued that counselling is fundamentally putting an ethic of autonomy into action by empowering and healing client’s sense of self.

‘Rule’ in self-rule

The right to ‘rule’ the self in an ethic of autonomy affirms someone’s agency by respecting their right to take control of their lives and act in the ways they consider best. The role of the counsellor is to help the client identify and act on what that person considers is right for them. This involves the counsellor focusing on what the client wishes for themselves rather than the counsellor seeking to impose their own views on that client. It requires the counsellor to try to see the world through that client’s eyes, which may be very different from how it would look to the counsellor if that counsellor were experiencing the same situation. Good counselling involves sitting alongside clients rather than sitting in their chair and taking over control of the client’s life. It is about helping a client to work out what is best for them in their own judgement.

Ways of respecting client autonomy

Demonstrating respect for client autonomy starts before the counsellor and client meet. The ideal foundation for respecting client autonomy occurs when the client is free to choose whether to have

counselling and how it is delivered. The counselling is voluntary, is prompted by the client's autonomous choice and is addressing the client's concerns. This ideal is wonderful when it arises, but reality is often more complex. Some clients seek counselling because they are encouraged to do so by friends and family. When the encouragement is out of love and care for someone, they may feel free to make their own choices. If the friends and relatives are deeply concerned on behalf of someone, they may be more forceful in how they persuade someone to seek counselling and attempt to restrict the element of choice. Counselling may be offered in education or the workplace as part of a disciplinary process. In such circumstances clients may feel they have little choice because the alternatives may be so much worse, such as losing an educational opportunity or their employment. Providing counselling where the client has limited or no choice is not in itself unethical. It requires the counsellor to work in ways that acknowledge the client's situation and to work with them to find ways in which the client moves from low levels of self-rule to a greater self-rule within the counselling and ultimately in their life beyond counselling.

Increasingly, clients select their counsellor based on internet searches of web pages and social media. Clients can be empowered to find the right counsellor for themselves by the accuracy of biographical information about potential counsellors. Being clear about the type of service on offer, the counsellor's experience and qualifications all help someone to find the right counsellor for them. Statements and reviews from former clients about their experience of counselling can be helpful but may not be appropriate if there are doubts about how freely clients feel able to offer or to refuse to provide them. Concerns about client privacy and confidentiality may prevent using client feedback to promote the service being offered.

Pre-counselling information posted on the internet or sent in advance to potential clients can also help to inform someone's selection of a counsellor. Counsellors need to find a way of being positive about what they can offer, whilst being factually accurate. Over-promising undermines respect for client autonomy from the outset. Being over-

cautious in the information provided about the potential benefits on offer may deter clients. Being factually accurate about the counsellor's therapeutic interests, qualifications and experience provides secure foundations for promoting a service and presenting clients with pre-counselling information.

Clear contracting with clients about what they can expect to be offered to them and their responsibilities during counselling helps to support their sense of control. Again, there is a balance to be struck between being over-detailed and trying to cover all eventualities or leaving the contract too open-ended. A full list of items to consider including in a contract is given below. When services are being paid for, or the counselling is being offered in exchange for goods or services, the contract is a legal document. Adults are free to enter contracts as they think best. Children and young people cannot enter into legally enforceable contracts alone so their contract may need to be supported by someone with parental responsibility or with an agency, like a school, with responsibility for the young person.

A checklist for items to consider including in a contract should include (from Mitchels and Bond, 2010):

Name, address.

Contact details (and any limitations).

Fee structure and policy (hourly rate, charges for missed sessions, fee for time spent on phone calls, writing reports, action on non-payment etc.).

Frequency and duration of sessions (will dates and times be fixed and regular or will each appointment be negotiated?).

Likely duration of therapy (e.g. is it time-limited or open-ended, and if open-ended, are estimated duration and/or regular reviews necessary for funding or other purposes?).

Policy for non-attendance (e.g. will therapy be withdrawn for non-attendance without a reasonable excuse or explanation?).

Holidays.

Cancellation of sessions by therapist or client.

Terminating therapy (deciding when and how to end therapy).

Contact between sessions (when and where can the client call the therapist?).

Confidentiality issues (e.g. the legal limits of confidentiality. Does the client consent to share information? In what circumstances? Referral procedures and client instructions and consents).

Any information and consents relevant for possible referrals.

Record keeping (e.g. how long will records be kept?).

Client right of access to records.

Use of records for supervision, research, audit and so on.

Relevant data protection issues and any explicit consents required for sensitive personal data.

Tape and other recordings of sessions (ownership, access, potential uses and retention).

Counsellor's professional memberships, code of ethics, insurance and information about complaints procedures.

Case history and referral information may be sought and specific aspects can be reflected in the contract if this is appropriate, or for the safety of the client or others:

Relevant case history.

General practitioner details.

Other professionals' reports.

Other professionals' agencies, family or friends to be contacted with the client's consent if therapeutically necessary or appropriate to support the client or for the safety of the client or others.

Establishing the social boundaries around the counselling relationship helps the client to know how far they are truly in control. Where the counselling is face to face and there is the possibility of meeting outside counselling sessions in other contexts, it is good to have clarified how the counsellor and client would like to manage these encounters. Contacts through social media are highly likely if the counsellor and client share common interests or are simply curious about each other. Establishing some agreed boundaries about 'following' and acknowledging each other online helps to establish mutual respect.

One of the foremost concerns for any client who is feeling vulnerable or wanting to discuss a personally sensitive subject is how their privacy and confidentiality will be managed. Some clear statements in the contract that are supported by discussion to understand any of any client's specific concerns helps that client to feel more in control. Limits to confidentiality are discussed below as restrictions on or limits to client autonomy. Respect for client autonomy and the management of autonomy are closely related.

Being willing to accept a client's values and beliefs as valid for them communicates a strong level of respect for their autonomy. Accepting someone's beliefs and values does not necessarily mean you agree with them as their counsellor. Being curious about what those beliefs and values mean to a client helps them to feel that they are being taken seriously and respected as a person with control over their own life. It follows that any attempt to impose the

counsellor's values and beliefs on clients disrespects their autonomy. The counsellor's motivation to provide counselling may be prompted by their own life story, political or religious motivation but when the counsellor attempts to persuade the client to adopt the same values and beliefs this crosses the line from respect to disrespect for the client's autonomy. When a counsellor has strong beliefs over abortion, same-sex relationships, transsexuality, religion or any other subject, it is incumbent on them to consider how they will work with and support clients who hold a contrary position and if they feel unable to do so would another way of helping people, other than counselling, be a better match for them. To respect a client's autonomy, a counsellor has to be open-minded towards a wide range of views that they do not choose to hold for themselves or for people close to them.

Pause for reflection 6.1

\a Client autonomy

Using the principle of respect for client autonomy, consider the following example: Carl is sent to see a school counsellor to stop what his teacher sees as disruptive behaviour. He has been warned that this is his last chance before he is suspended or expelled.

How much autonomy do you consider Carl has in this situation? What are the implications for his sense of autonomy in this situation? Consider the implications of both his 'self' and 'rule' – the two elements of autonomy.

Have you been sent for something intended to be for your own good as an alternative to something worse happening? How did it feel? Were you able to improve your sense of being in control? If you were how did you achieve

this? How did taking control improve or worsen the outcome from your perspective?

What do you think Carl is likely to be feeling in this situation? What might he do to improve or worsen his situation?

If you are the counsellor seeing Carl for the first time, what could you do to improve his sense of autonomy? What would you do or not do to undermine his sense of autonomy and control in this situation?

When the teacher refers Carl for counselling, she explains her primary ethical and professional responsibility is to the whole class and to support everyone's learning. Carl's behaviour is so disruptive she is struggling to meet both Carl's needs and those of his class. She thinks Carl has a difficult home life but does not know the detail. She wants to be supportive and would like you, as his counsellor, to tell her anything you learn about Carl's difficulties outside school. What ethical issues does this raise for you?

During the counselling it emerges that Carl feels misunderstood and picked on by his teacher. He wants to find ways of expressing his views more effectively rather than becoming more compliant. What are the ethical issues raised for you as Carl's counsellor?

Limits to client autonomy

Being ethical as a counsellor requires us to be more open-minded than comes naturally to most of us to work with people very different from ourselves. However, that does not mean that there are no limits to respecting a client's autonomy. That limit arises when a client acting on their autonomous wishes would damage the autonomy of

another person. Respecting a client's autonomy that is directed towards undermining the autonomy of another person undermines the integrity of the counselling relationship. It would involve the counsellor offering the client a level of respect for their autonomy that could damage the autonomy of others. For example, if a client is so enraged that they are planning to assault someone leading to physical injury that is clearly going to impact adversely on the autonomy of the other person.

Similarly, clients who are intent on sexually assaulting someone or are seeking to have their coercive control over someone validated in counselling are asking the counsellor to ignore the implications for another person's autonomy who is just as entitled as the client to have their autonomy respected. Physical and sexual assaults on children and young people are perhaps some of the most serious assaults on other persons' autonomy, both because of the damaging nature of the actions involved but also a wider social ethic of protecting young people from avoidable harms that could damage their ability to become fully functioning autonomous adults. Deciding when counsellors have reached the limits of client autonomy and what should happen next will be a personal and professional decision that takes account of what they have contracted with their client. Counsellors working in agencies may find that agency policy determines the limits of client autonomy. Where harm to others marks the limit to a client's autonomy there may be a requirement for the counsellor to take action to protect the autonomy of others.

Racist or sexist clients

The values of counselling are firmly rooted in providing the same level of service to people in all their diversity of identities and ways of presenting themselves. To do otherwise would be to disrespect their autonomy. Respect for autonomy would be undermined by counsellors being racist or sexist themselves. Furthermore, respect for autonomy creates an expectation that counsellors will continue to

work on and counter the unconscious prejudices that so many of us discover in ourselves regardless of our good intentions to all people.

This tolerance of human diversity in personal values and opinions means that counsellors must be sufficiently resilient to work closely with clients who hold views that the counsellor would find objectionable in other aspects of their life. The counsellor mindset is to be curious about how someone reached the views they hold and to understand the impact these views could be having on the issues that the client is bringing to counselling. Skilled counsellors learn when it is best to ignore issues that are not central to the client's immediate concerns, when to model a more open way of relating and when to challenge attitudes or ways of relating to others that are counterproductive and amplifying the client's problems. Part of being a competent counsellor is having ways of challenging a client within a supportive relationship such that the client can hear the challenge without feeling so judged or rejected that they want to abandon counselling and lose any potential benefits for themselves. A discussion in supervision is usually wise before challenging a client where there is the risk of them experiencing the challenge as a lack of respect for their autonomy and rejection of them as a person.

The ethic of respect for client autonomy means that counsellors are rightly cautious about cancelling someone's right to continue counselling. Nonetheless counsellors are entitled to withdraw from working with a specific client when they experience the views expressed as so offensive to them personally and they have raised their concerns and failed to find a way forward. Much clearer is the counsellor's entitlement to withdraw from counselling if the client is threatening them directly with verbal or physical violence or harassing them in any way, including sexually. It is very difficult to provide counselling where the counsellor feels unsafe. It is usually good practice to have discussed withdrawing from offering counselling to a specific client after discussion in supervision with any line managers, if circumstances permit.

Strengths and weaknesses of an ethic of autonomy

The ethic of respect for individual autonomy is embedded in the structures and services of any liberal democracy. In the UK and USA, the principle of autonomy is the foremost principle that guides how health consultations take place. Other principles, such as commitments to doing good and avoiding harm, only become foremost when it is clear that the patient or client is incapable of making decisions about how they would like to take control over their lives. In the UK, the principle of autonomy is well supported by legal requirements for adults to consent to any treatment and protection of their right to refuse treatment. Respect of autonomy means the right to make decisions for oneself even if those decisions are unwise or others consider that decision to be against that person's best interest. Current trends in the law about the care of people who are dependent on others for their daily care (Mental Capacity Act 2005), or requiring compulsory treatment for mental illness (Mental Health Act 2025), have moved towards protecting whatever level of self-rule any particular person is capable of by strengthening requirements that they should be involved as far as possible in any decisions about themselves. What was once a radical ethic espoused by counsellors in the 1970s against the prevailing cultural and legal ethos of 'professionals know best about how people should be treated in health and education' is now a much more widely applied norm. An ethic of autonomy prevails across a wide variety of services to the public as an ethic that is widely understood and applied by many different professions. Its widespread acceptance has helped counselling move from a minority fringe activity towards being a widely used and valued source of help for personal and relationship difficulties.

The reason why an ethic of autonomy is so natural to counselling, especially the person-centred and humanistic models, is how it values and respects what a client brings to the counselling relationship and is supportive of their resourcefulness to find their own way forward in the way that suits them best. The client is seen as the expert on their own life. The counsellor is a facilitator of the client. The counsellor uses their expertise in relationships, styles of communication and knowledge of psychological and therapeutic

models to help the client find the best solution for themselves. This did not mean that a counsellor was passively accepting of or restricted by the client's understanding of their own situation. A counsellor could and should challenge within a sufficiently supportive relationship for the client to hear and understand that challenge. Similarly, a counsellor could offer new information and insights in ways that enable the client to evaluate its application to their own situation. The ideal outcome of counselling was that the client should feel empowered and enabled to take greater control of their own life. In this sense counselling was and remains a deeply rooted application of an ethic of respect for client autonomy.

An ethic of autonomy helps us as counsellors to see the client more clearly as an individual. It helps a counsellor to distinguish between the client's interests and those of the counsellor in ways that prioritize the client's right to self-rule with the counsellor firmly restraining themselves in the counselling relationship by making their own interests secondary to those of their client. For example, clients are as free as they wish to be to talk to anybody about their experience of receiving counselling and their impressions of their counsellor, but that counsellor is bound to observe the restrictions of confidentiality except in very limited circumstances to obtain professional support in supervision or in accordance with their contract with that client. Similarly, an ethic of autonomy helps a counsellor to recognize that each client is unique, and their chosen way forward may be very different from the one that the counsellor would choose for themselves. The counsellor may draw on their own life experience but ethically they will prioritize the client's perception and intentions.

The strength of an ethic of autonomy is also its weakness. It sharpens the focus on people as individuals and the right of each individual to self-govern but at the price of overlooking the interconnectedness of people. It is an ethic that reflects an idealized view of young adults free of dependence on parental figures and not yet constrained by the responsibilities of having their own dependent children or declining older relatives. The ethic has its origins in

ancient Greece, where the ethical stereotype was a young male warrior and the prevailing culture overlooked the rights and contribution of women to society. For this reason, an ethic of autonomy has been criticized as being too individualistic rather than recognizing that a person's sense of purpose and self-worth is closely related to their interconnectedness to others and that their choice of how best to self-rule is shaped by responsibilities to dependents. It can be argued that the 'self' that presents as a client is seldom as strongly bounded as an individual as the ethic assumes. Many clients bring with them their sense of themselves in relationship to others and a mixture of perceived and physical responsibilities to any dependents embedded in their sense of self. In societies where there are strong distinctions between masculine and feminine roles an ethic of autonomy based on the bounded individual fails to engage with the experience of women. In societies where the roles of men and women are more equal, an ethic of autonomy supports the rights of both men and women to self-rule but may be blind to how a right to self-rule changes with having dependants and other strong social relationships. The self that a client presents may not be someone understanding themselves in isolation for other people but as a collective self with immediate or extended family being their primary ethical identity.

A further limitation of an ethic of autonomy is that it underestimates the role of social justice in empowering individuals. It is blind to how someone's capacity for self-rule is constrained by the formal and informal power structures in society. Someone who is poorer, has less access to positive family support, is less educated, may have less opportunities for self-rule than someone with more of these social resources available to them. From this perspective an ethic of autonomy does not directly address uneven distribution of opportunity to self-rule across society. Nonetheless this has not stopped counsellors and their clients deploying counselling to support social change within youth movements, women's campaigns for equality, gay and bisexual rights, social protests and other movements. The focus on a right to self-rule may be limited when

exercised individually but gains traction when people combine to press for changes to increase their capacity to self-rule.

These critiques of an ethic of ‘self-rule’ relate to society as a whole. There is a credible critique of an ethic of respect for autonomy that concerns counselling specifically. An ethic of respect of autonomy is strong for distinguishing and analysing the respective rights and responsibilities of the client and the counsellor separately. This strength is bought at the price of failing to appreciate the client and counsellor connectedness within a therapeutic relationship. The quality of this relationship is the context within which a client finds empowerment or is frustrated in their capacity to self-rule. For this reason, we consider that we need an ethic that directly addresses the relationship between counsellor and client and expand on this in the next chapter.

Conclusion

Client autonomy remains a central tenet of ethical counselling practice, yet it is neither absolute nor straightforward. As this chapter has explored, autonomy exists in constant tension with other ethical responsibilities, and supporting autonomy is not about passive acceptance of all client choices, but about actively engaging with the client’s right to self-determination while holding awareness of the power we, as practitioners, inevitably hold.

This complexity demands a thoughtful, relational approach. Autonomy cannot be understood in isolation from context: social, cultural, psychological and systemic. The client’s capacity to choose freely is often shaped, and at times constrained, by circumstances beyond their immediate control. Thus, ethical practice involves not simply preserving autonomy in principle, but nurturing it in practice. It means asking difficult questions: when is intervention supportive, and when is it coercive? When is protection ethical, and when does it silence or disempower?

What has become clear is that autonomy is not a fixed state but an evolving process, co-constructed within the therapeutic relationship. It is negotiated moment by moment through dialogue, respect and attuned responsiveness. Practitioners are called to be ethically reflexive, not only attending to what we do, but why we do it, and whose needs are truly being served. In the end, ethical counselling does not rest on rigid rules but on a capacity to sit with uncertainty, hold competing responsibilities in tension and respond with integrity. Upholding client autonomy is not about avoiding influence, but about being transparent in our intentions, open in our practice and humble in our role. It is a dynamic ethical task; one that lies at the heart of therapeutic work and must be returned to, questioned and re-evaluated often.

7 Ethical practice and suicide risk

Chapter overview

This chapter explores the ethical dimensions of working with suicidal clients, recognizing the profound responsibility and emotional depth this work entails. Rather than offering prescriptive answers, it invites counsellors to engage ethically through presence, reflection and relationship. Drawing on principles of autonomy and relational ethics, the chapter emphasizes the importance of collaborative dialogue, trust and co-created safety. It acknowledges the limitations of risk prediction and highlights the value of understanding suicidal distress within the context of the client's lived experience. Ethical practice, here, is framed not as a task to be completed, but as a human process to be inhabited with care.

Key words

suicide, risk, collaboration, relational ethics, safety planning, suicide exploration

Suicide remains one of the most ethically complex and emotionally charged issues in counselling. It is a challenge that almost every counsellor will encounter at some point in their professional life, whether in private practice, education, the National Health Service (NHS), or third-sector services. The presence of suicidal thoughts in a client often evokes intense emotions: fear, responsibility, uncertainty and urgency. It also brings into focus the foundational ethical principles that underpin therapeutic work: autonomy,

beneficence, non-maleficence, fidelity and justice. Yet when life may be at stake, these principles rarely offer straightforward guidance.

Counsellors must navigate competing pressures: the duty to protect life, the need to respect autonomy and the reality that suicide is deeply personal and complex. Public health strategies urge us to 'reduce suicide' as a measurable target, while ethical frameworks ask us to support self-determination and work collaboratively. When clients disclose suicidal feelings, counsellors are often caught in a tangle of personal emotion, clinical concern and systemic expectation. Ethical work in the context of suicide risk cannot rest solely on procedural or defensive practice. Instead, relational ethics that places the therapeutic relationship at the centre of ethical decision-making provides an approach to working with risk that is embedded in the counselling relationship itself, where the client – wherever possible and appropriate – can be supported to be a collaborative partner in working for their own safety.

The ethical landscape when working with suicide risk

Counsellors work within a clearly defined professional and ethical framework. The ethical frameworks and codes of the UK professional associations that are accredited to hold a PSA register typically provide a core reference point, outlining values such as trust, integrity and respect, while also detailing expectations around risk, confidentiality and supervision. At the same time, national suicide prevention policies frame suicide as a societal issue requiring urgent, coordinated intervention. England's most recent strategy (Suicide Prevention Strategy for England 2023–2028) calls for *'early identification, better data, and coordinated care'* across sectors (Department of Health and Social Care, 2023).

In practice, however, these dual responsibilities can create ethical tension: counsellors are urged both to support client autonomy and to 'do something' in response to perceived risk. This tension often results in defensive practice, such as over-reliance on risk checklists, excessive note-taking, or reflexive referrals to crisis services, not

necessarily because they are in the client's best interest, but because they provide a sense of procedural safety for the counsellor or the service. In our view over-reliance on procedural and administrative processes can distract from the providing of good support and therapy. The ethical aim ought to be an appropriate balance between procedural processes and good counselling practice with both working within an ethic or respecting relational ethics. As Reeves (2017) argues, suicide is not an event simply to be managed, but an experience to be understood. Likewise, ethical practice is not simply about avoiding liability, it is about how we choose to relate to a person in extreme distress. Risk assessment tools may have administrative value, but they are blunt instruments when it comes to human emotion, trauma and meaning. Suicide prevention cannot be reduced to ticking boxes.

Compounding this issue is the myth of predictability, in that research consistently shows that clinicians cannot accurately predict suicide, even with standardized tools (Healthcare Quality Improvement Partnership, 2018; Royal College of Psychiatrists, 2020). NICE (2022) guidelines now explicitly discourage using risk stratification tools for this reason. This recognition is pivotal: it challenges counsellors to move away from prediction and toward formulation; a collaborative exploration of the client's lived experience, distress, resources and relational world, as well as their strengths, drawing on information-sharing and joint decision-making as critical and core components of working with risk. Clearly, however, the client must have capacity to be able to consent to this collaborative approach and, even if they have such capacity, be willing to work in such a way. It is a useful 'red flag' for counsellors that a lack of capacity, or a lack of willingness to work collaboratively might, in and of themselves, be important indicators for referral on to more specialist services. However, in that broader context, relational ethics invites us to consider how our actions affect the client's sense of dignity, safety and power; rather than treating suicidal clients as clinical risks to be managed, relational ethics sees them as human beings to be met.

From procedural to relational ethics

Ethical guidelines are essential, but they can never fully anticipate the nuance and emotional gravity of a real therapeutic encounter, especially when suicide enters the room. This is arguably one of the limitations of procedural ethics: it draws on an idea that ethical dilemmas can often be resolved through predefined steps: consulting protocols, applying rules and making decisions that align with institutional policy. Procedural ethics asks, 'What's the right thing to do according to the framework?' But as Jordan (2017) argues, relational ethics starts somewhere else. It begins with the premise that ethics is not static but co-constructed, emerging from the moment-to-moment encounter between counsellor and client. It asks not just what the rules say, but what the relationship requires. Relational ethics is grounded in mutual recognition, dialogue, presence and emotional attunement.

This does not mean disregarding professional responsibilities. Rather, relational ethics frames them within a more dynamic understanding of human experience. It challenges counsellors to remain emotionally present even when risk is high. It resists the tendency to withdraw behind forms or checklists and instead encourages courageous, compassionate engagement. Table 7.1 offers an overview contrast between procedural and relational ethics.

Table 7.1 An overview of the differences between procedural and relational ethics when working with suicide risk

Procedural ethics	**Relational ethics**
Follows rules and protocols	Embraces emotional and contextual complexity
Emphasizes compliance	Emphasizes mutual responsibility
Seeks to reduce risk exposure	Seeks to increase relational depth and safety
Often defensive	Often dialogical and attuned

Both an ethic of autonomy and relational ethics recognize the role of power. In traditional models, the therapist holds authority – to assess, to decide, to act. In relational practice, power is acknowledged but shared. The therapist is not a passive observer nor an authoritarian figure, but a human participant in a shared emotional space. This shift is crucial when suicide is present. Procedural ethics may drive the therapist to act quickly: assess, report, refer. Relational ethics asks the therapist to stay with the client, to understand the meaning behind the suicidal thoughts and to respond in a way that affirms connection and human dignity.

Pause for reflection 7.1

\a Client autonomy and suicidal clients

Consider the strengths and limitations of an ethic of respect for client autonomy and relational ethics when working with someone who is suicidal. What would be your ethical priorities and what procedures could help or hinder counselling with these ethical aims? What do you consider to be the best ways of working with risk, perhaps around areas of certainty versus uncertainty, doing to versus doing with, and the challenges of engaging vulnerable clients in a dialogue about their own safety?

Recognizing and responding to suicidal distress

Clients can sometimes, but rarely, walk into therapy and declare, '*I'm thinking about suicide*.' More often, suicidal distress enters the room indirectly wrapped in metaphor, hesitation, silence, or ambiguity. It may surface through statements like '*I can't go on*,' '*They'd be better off without me*,' or even in the absence of words altogether: a flatness of affect, a sudden withdrawal, or a collapse of energy and

hope. These moments carry meaning. They are not always dramatic, but they are deeply significant.

Counsellors must learn to listen beneath the surface, to be attuned not only to what is said but to what is being communicated emotionally and relationally. As Reeves et al. (2006) observe, suicide can often represent the 'hardest words' for both counsellor and client, not because clients are unwilling to talk, but because finding language for such distress can feel unbearable, even dangerous; and because the presence of risk of suicide can bring a sense of real anxiety for counsellors in how best to respond. It is in these moments that the counsellor's capacity to be emotionally available, to bear witness without fear or avoidance, becomes ethically vital.

This is not about clinical skill alone; it is about the counsellor's capacity to be with and work collaboratively alongside the client. To be with someone in suicidal distress is to encounter a depth of pain that may feel wordless, lonely and filled with shame. Relational ethics asks us not to interrogate this pain, but rather to be willing to explore more about its meaning, including the client's intention – or not – to act on their thoughts. This might involve naming what feels unspoken: *'It sounds like you're carrying a lot alone* – or opening a space for the client to risk disclosure, '*Sometimes when people feel like this, they think about not wanting to be here. I wonder if that's something that's around for you?'*

When suicidal distress is communicated indirectly, it should not be viewed solely as a clinical risk requiring immediate containment, but as an experience that warrants understanding. In many cases, the client is not explicitly seeking intervention; they are seeking recognition, validation and space to speak safely about their internal process so as to understand their own experience a little more. Ethical practice, in these moments, is not defined by how quickly action is taken, but by the therapist's capacity to respond with steadiness and without judgement. Before risk management procedures are initiated, there is a crucial ethical task: to hear and acknowledge the client's distress in a way that affirms their agency

and preserves the integrity of the therapeutic relationship. Any response ultimately needs to be grounded in, and informed by, the detail and nuance of a client's experience, as much as that can be captured and understood by both client and counsellor.

A relationally ethical response to such disclosures involves two key capacities: openness and courage. Openness involves listening carefully to what the client communicates, both verbally and non-verbally, without imposing interpretations or moving too quickly to solutions. Courage involves being willing to speak directly about suicide in a respectful and non-threatening manner, grounded in clinical confidence and relational trust. There is no evidence that asking about suicide increases the risk of it occurring; in fact, doing so can reduce the client's sense of isolation and shame (Scupham and Goss, 2020).

Responding ethically also means going beyond the 'yes or no'. If a client says they are having suicidal thoughts, that's not the end of the enquiry, it's the beginning of a deeper conversation:

1. What do those thoughts mean to you?
2. When do you tend to experience them at their worst, and what contributes to them getting worse?
3. What helps you get through those moments?
4. Have you felt this way before? What did you do then?

These are relational, not forensic, questions. They signal partnership, not interrogation. A relationally ethical response also involves tolerance of ambiguity. The counsellor must be willing to not know and to resist the urge to force certainty where perhaps it doesn't exist at that point in the dialogue. Suicidality is often fluid, layered and ambivalent. Clients may feel both a wish to die and a desire to live. Ethical practice means making space for that ambivalence without rushing to resolve it.

Risk, responsibility and collaborative safety

In traditional clinical models, working with suicide risk often centres around risk assessment: a process intended to identify how likely a person is to attempt suicide, typically informed by a balance of risk factors (those factors that might make a client's suicide more likely) and protective factors (those factors that might make a client's suicide less likely). Counsellors are often required to ask structured questions in an attempt to assign a level of risk (low, medium, high), and follow organizational protocols, accordingly, typically based on the perceived risk and protective factors of the client. While this offers a sense of control, it can obscure the more important question: what is the client experiencing and how might counselling offer a safe-enough space for the client to move to a place of relative safety.

Risk and protective factors have, for many years, been determined using risk assessment tools and questionnaires. Evidence suggests, however, that such risk prediction tools are not reliable indicators of future suicidal behaviour (Healthcare Quality Improvement Partnership, 2018; Royal College of Psychiatrists, 2020). In response, NICE (2022) developed and published new guidelines around working with suicide and self-harm, and advised against using tools like checklists or scoring systems to predict suicide, recommending instead a process of risk formulation: a clinically informed, contextualized approach that seeks to understand the factors contributing to a person's suicidal thoughts and behaviours within the broader scope of their life.

Risk formulation involves identifying and integrating a range of factors: current and historical vulnerabilities, psychological and social stressors, protective factors and how these interact with the person's lived experience. Importantly, it does not attempt to classify individuals according to static levels of risk, but instead seeks to make sense of their experience in a way that informs ongoing care. This approach aligns closely with the principles of relational ethics, which place the therapeutic relationship, mutual respect and contextual understanding at the heart of ethical practice.

From both an ethic of respect for client autonomy and a relational perspective, risk formulation is not something the counsellor does to the client, but with them. It becomes a shared exploration, creating an opportunity to hold the client's distress with curiosity and compassion, while also attending to clinical responsibility. The aim is not to eliminate uncertainty but to understand it better, and to co-create a framework for support that is both ethically grounded and therapeutically useful. In practice, relational risk formulation involves being attentive to how risk is communicated, both directly and indirectly, and how it relates to the client's sense of meaning, identity and relationship. It asks the counsellor to reflect not only on the content of what is shared, but on the process: the pace of disclosure, the client's trust and the relational dynamics that may be influencing the conversation. This approach requires emotional presence and professional discernment.

Ultimately, relationally informed risk formulation supports ethical decision-making by integrating clinical knowledge with relational sensitivity. It upholds the client's autonomy while recognizing the counsellor's duty of care. By grounding risk assessment in the realities of relationship, this approach reinforces the core ethical commitment to work with clients not as problems to be managed, but as people to be understood.

Pause for reflection 7.2

\a Risk assessment tools

Risk assessment tools have often supported a counsellor's anxiety when working with the uncertainties of risk. Such tools are perceived to offer an objective understanding on which to base decisions. What do you consider to be the strengths and limitations of an approach that uses risk assessment tools, and one that draws much more on a collaborative formulation of risk in dialogue with a client?

Confidentiality, consent, autonomy and safety planning

Below, we consider the importance of confidentiality, consent, autonomy and safety planning when working therapeutically with suicidal clients.

Consent

In therapeutic work with suicidal clients, consent is not a one-off event but an ongoing ethical process. It involves more than obtaining agreement to participate in counselling; it requires the counsellor to ensure that the client remains informed, engaged and aware of how their information may be used, and what boundaries exist within the work. Consent is a key expression of the client's agency and is particularly important when sensitive disclosures, such as suicidal ideation, emerge in the therapeutic space.

Ethically, consent must be specific, informed and given freely. This includes clarity about the nature and limits of the counselling relationship, the boundaries of confidentiality and the circumstances under which information might be shared with others. Clients should also understand the implications of different forms of record keeping, the use of digital platforms and any associated data security considerations. Within the context of suicide risk, where the possibility of breaching confidentiality arises, transparent conversations about consent are vital to maintain trust and clarity.

Relational ethics deepens this by framing consent as a shared process, not a transactional agreement. It emphasizes that consent should be continuously revisited and renegotiated, particularly when the therapeutic focus shifts. This approach acknowledges that a client's comfort with disclosures, including thoughts of suicide, may evolve over time. By fostering open, collaborative discussions around consent, the counsellor affirms the client's right to be an active participant in the therapeutic process.

Confidentiality

Confidentiality lies at the heart of counselling practice and is foundational to building a trusting therapeutic relationship (see Chapter 9 for a fuller discussion). It offers a safe space in which clients can explore distressing thoughts and feelings, including suicidal ideation, without fear of judgement or exposure. However, confidentiality is not absolute. Ethical guidance typically recognize that there are exceptional circumstances, such as where there is a risk of serious harm to the client or others, where breaching confidentiality may be ethically justified.

Navigating these limits requires careful judgement. The decision to share information without consent should never be taken lightly or reactively. It should be grounded in a thorough understanding of the situation, guided by supervision and proportionate to the level of concern, and drawing on the risk formulation – or exploration – undertaken with the client directly. Even in these rare circumstances, the ethical priority remains to engage the client in the process wherever possible, explaining clearly what actions may be taken and why.

From an ethic of autonomy and relational ethics perspective, the value of confidentiality is not only in protecting information, but in supporting the integrity of the therapeutic relationship. When clients understand that their disclosures are held with care, and that they will be consulted openly if exceptions to confidentiality arise, the conditions for safety and honesty are strengthened. Maintaining confidentiality is, therefore, both an ethical requirement and a relational act, reaffirming respect and trust within the therapeutic alliance.

Autonomy

Respect for client autonomy is one of the central ethical principles in counselling. It refers to the client's right to make decisions about their own life, including the content and direction of therapy. This principle becomes particularly complex when a client expresses suicidal ideation. On the one hand, counsellors have a duty to

safeguard life; on the other, they are ethically bound to support the client's right to self-determination. Balancing these responsibilities is one of the most ethically demanding aspects of suicide work.

Autonomy should not be understood as unrestricted freedom, nor should it be overridden without due consideration. Instead, it is best viewed as a principle that must be held in tension with other ethical duties, including non-maleficence (avoiding harm) and beneficence (acting in the client's best interest). Ethical practice involves recognizing when autonomy may be compromised, for example, due to severe psychological distress, and taking steps to support the client in regaining clarity, agency and the capacity for reflective decision-making.

Relational ethics provides a helpful framework for navigating this tension. Rather than viewing autonomy as an individual attribute, it considers it as something that is co-constructed and supported through relationship. In this view, the role of the counsellor is not to override or enforce, but to stay in connection, helping the client explore their options, reflect on the meanings behind their distress and build a shared understanding of what support might be needed. Even where external intervention becomes necessary, it is done in the spirit of collaboration and transparency, not control.

In practice, upholding autonomy also means being aware of the subtle ways it can be undermined—through coercive safeguarding procedures, risk-averse organizational policies, or counsellor anxiety. Maintaining ethical sensitivity involves challenging these dynamics where appropriate and advocating for an approach that centres the client's voice and lived experience.

The age and maturity of the client will influence how you approach these issues. There are strong ethical, legal and cultural expectations that professionals will act in ways that ensure children and young people are supported to reach adulthood. For example, courts will impose life-saving treatment on people below the age of 18, that the same person could refuse as an adult on reaching the age of 18. This is a last resort and recognized as contrary to that

young person's wishes. Counsellors and others with caring roles may find a relational ethic with a focus on building constructive relationships with the young person with compassion and empathy to avoid the need to impose protective procedures. Nonetheless, it is good practice for counsellors working with young people to know what resources and help are available for a young person who is at risk of self-harm.

Safety planning

Safety plans are structured, collaboratively created tools that support clients in identifying strategies to manage suicidal thoughts and urges. Unlike risk assessments, which aim to evaluate the likelihood of suicide, safety plans focus on empowering clients to recognize warning signs, draw on internal coping strategies and access external sources of support, including personal contacts and professional services. The widely used framework outlined by Stanley and Brown (2012) includes steps such as identifying triggers, developing coping techniques, listing reasons for living and specifying whom to contact in a crisis.

From an ethical perspective, safety planning reflects core counselling values: collaboration, respect for autonomy and commitment to non-maleficence. By actively involving the client in the development of their plan, counsellors affirm the client's agency and capacity for self-care, rather than positioning themselves as the sole authority. This strengthens the therapeutic alliance and fosters a sense of shared responsibility. Safety planning is not a substitute for ongoing therapeutic work, but it offers a relationally grounded intervention that supports ethical practice by reducing isolation, enhancing predictability during crises and encouraging dialogue about distress in a structured yet compassionate way. As such, it is a valuable tool in ethically navigating the complexities of suicide risk. An example of safety planning with a client online can be found at: www.bacp.co.uk/cpd/exploring-suicidal-risk-with-clients-gpiael2/.

Supervision and ethical practice with suicidal clients

Supervision occupies a central place in ethical counselling practice (see Chapter 13 for a broader discussion of supervision), particularly when working with suicidal clients. It provides a structured, reflective space where counsellors can examine the emotional, ethical and relational complexities that emerge when encountering clients in deep psychological distress. Far from being merely a procedural safeguard or a requirement for accreditation, supervision is a crucial site for supporting ethical reflection, emotional containment and professional accountability.

Working with suicidal clients often evokes strong emotional responses, including fear, uncertainty, sadness, even helplessness. These responses are not signs of incompetence, but natural reactions to the suicide narrative within the therapeutic relationship. Supervision offers the opportunity to process these feelings within a supportive and boundaried relationship. When engaged effectively, it helps the counsellor remain present, thoughtful and relationally attuned, rather than becoming reactive, defensive, or emotionally overwhelmed.

Supervision additionally facilitates the integration of personal and professional responses to suicide risk within an ethical frame. Counsellors are encouraged to reflect not only on what is happening in the therapeutic encounter, but also on how it is affecting them. In doing so, supervision helps counsellors avoid acting from a place of fear, anxiety, or assumption. It supports them to slow down, think relationally and respond in ways that are ethically congruent and therapeutically appropriate. It additionally holds an important role in decision-making when the risk of harm becomes more prominent. Ethical decisions in these contexts are rarely clear-cut. Counsellors may need to weigh competing responsibilities: to respect the client's autonomy while also acting to prevent serious harm. Supervision allows for the exploration of these tensions in a collaborative and reflective manner. It offers a space to consider not only '*What should I do*?' but also, '*What are the ethical implications of my response*?',

‘*How might my personal responses be shaping my thinking*?’, and ‘*What does this mean for the therapeutic relationship*?’ It further creates an opportunity for the counsellor to think through and develop a rationale for their decision-making. BACP’s *Ethical Framework* (2026) stresses the need for a clearly articulated rationale for practice, as well as evidence of collaborative practice and an account as to why this wasn’t possible, if that was the case.

In this context, therefore, a relational ethics perspective reinforces the value of supervision as a dialogical, relationally informed process that parallels that within the counselling relationship. Just as therapeutic work is co-created with clients, so too is the supervisory space co-created between counsellor and supervisor. It is not a place for simple answers or risk-management checklists, but for ethical enquiry, emotional presence and mutual exploration. This stance supports a more humane and grounded approach to suicide work; one that holds both the client’s vulnerability and the counsellor’s responsibility in careful balance.

Furthermore, supervision functions as a space for ethical confidence: a term that speaks to the counsellor’s willingness to stay engaged with difficult material, to confront their own uncertainty and to act in ways that are consistent with their values, even when external pressures might suggest otherwise. For example, services or organizational cultures may emphasize risk aversion or procedural compliance over relational connection. Supervision can offer the counsellor space to critically evaluate such pressures and to remain connected to a practice that is ethically and relationally sound.

It is also important to acknowledge that supervision may become a site of ethical rupture if not approached carefully. Counsellors should feel safe enough to share their doubts and difficulties without fear of judgement or professional sanction. Supervisors, in turn, have an ethical responsibility to hold risk competently while maintaining a supportive and collaborative stance. The supervisory relationship is therefore central to enabling ethical work with suicidal clients. Where it functions well, it becomes a resource not just for the counsellor’s

decision-making, but for their emotional resilience and professional growth.

Pause for reflection 7.3

\a Suicide risk

What discussions have you had with your supervisor about your perspectives on suicide risk, their perspectives and how you would work together to support counselling with suicidal clients?

Challenges, ethical reflection and evolving practice

The challenge of ethical practice with suicidal clients requires practitioners to engage in ongoing reflection and an openness to develop their practice in response to new research, social policy changes and emerging ethical guidance.

Challenges

Working ethically with suicidal clients involves navigating several persistent and often intersecting challenges. These challenges are not solely clinical, but relational, emotional and systemic. For counsellors, the presence of suicidal distress in the counselling room can provoke fear, a sense of personal responsibility and anxiety about making the ‘wrong’ decision. These emotional pressures may be compounded by organizational demands, professional expectations and societal narratives about suicide prevention and liability.

A central challenge lies in the inherent uncertainty of suicide risk. Despite significant developments in understanding risk factors and protective elements, there remains no reliable method for predicting

suicidal behaviour. This uncertainty can leave counsellors feeling exposed, particularly when working in systems that prioritize documentation and procedural defensibility over therapeutic engagement. The tension between relational presence and procedural response is a recurring ethical dilemma in suicide work. Counsellors may feel pulled between their clinical judgement and a perceived obligation to ‘follow the protocol’.

Conflicting ethical principles also frequently arise. Respecting client autonomy while holding a duty of care can generate acute moral tension, especially when a client’s suicidal ideation is persistent or escalating. Determining when to act, and how, in ways that preserve both the client’s dignity and the counsellor’s ethical integrity is rarely straightforward. In these moments, the risk of acting from a place of anxiety rather than reflection increases, potentially compromising the therapeutic relationship.

These challenges are further shaped by structural and contextual factors. Limited resources, high caseloads and systemic risk-aversion can influence ethical decision-making in subtle but significant ways. In some settings, counsellors may feel constrained by policies that default to safeguarding procedures that prioritize risk management over relational engagement. These organizational cultures can erode counsellor confidence and contribute to ethical dissonance – where the counsellor’s values conflict with institutional demands.

Ethical reflection

Given these challenges, sustained ethical practice requires ongoing reflection. This includes reflection on the counsellor’s emotional responses, professional role and relational stance. It also demands a willingness to sit with the ambiguity that often characterizes suicide work. Reflection is not a luxury or afterthought but rather a core component of ethical decision-making.

Counsellors often benefit from taking time to reflect on the meanings they attach to suicide, how their own beliefs and experiences may influence their responses, as well as how they interpret ethical responsibilities in the context of each unique client relationship. Reflexivity allows counsellors to notice when fear is shaping their actions, when they may be over-identifying with a client's despair, or when organizational pressures are overshadowing clinical judgement.

Reflection is also required at the relational level, encouraging counsellors to explore how suicidal ideation emerges in the therapeutic process: what is its relational function? What is being communicated through its presence? How does the client experience the counsellor's responses? These are not abstract questions; they directly inform ethical practice by helping counsellors remain attuned to the lived, interpersonal realities of their clients. As discussed, supervision plays a critical role in enabling this reflection to occur in a safe and constructive way. It offers a space where ethical complexities can be explored without the pressure to arrive at fixed answers. Through supervision, counsellors can test out their thinking, examine the emotional weight of their work and clarify the values underpinning their decisions. Reflection, then, becomes both a safeguard and a source of resilience in ethically challenging work.

Evolving practice

As the counselling continues to respond to new research, shifting social attitudes, changes in policy and working with diversity in people and communities, ethical practice in the context of suicide is evolving. There is a clear movement away from purely procedural responses toward approaches that centre on relational ethics, collaborative safety planning and shared decision-making. This evolution reflects a growing recognition that ethical work is not about control, but about connection. Emerging guidance, such as the BACP's (2024b) resources on suicide, supports this shift. It emphasizes the value of honest conversations, the limitations of risk prediction and the importance of involving clients in discussions

about their safety and wellbeing. These developments reinforce the idea that ethical practice must remain responsive, contextually aware and relationship-led.

There is also increasing acknowledgement of the emotional impact of working with suicidal clients. Ethical frameworks are beginning to place greater emphasis on counsellor wellbeing, resilience and the ethical obligation to seek support when needed. This reflects a more sustainable view of ethical practice – one that recognizes the humanity of the counsellor as well as the client. As practice evolves, so too must training, supervision and organizational culture. Ethical competence is not static; it develops over time through experience, reflection and ongoing learning. Counsellors must be supported to engage with this process, to question established assumptions and to adapt their practice considering new understanding.

Through relational dialogue, collaborative safety planning and reflective supervision, counsellors can respond ethically and effectively to suicidal clients – not by eliminating risk, but by reducing isolation, increasing trust and co-creating hope. Ethical commitments for relational practice include:

listening deeply to what suicide means for the client;

asking directly and compassionately about suicidal thoughts;

co-creating safety, rather than imposing it;

being transparent about confidentiality and decision-making;

attending to our own emotional responses with honesty and care;

seeking supervision not just for guidance, but for grounding.

Conclusion

Ethical practice with suicidal clients demands a depth of presence, reflection and relational sensitivity that extends beyond procedural compliance. It is work shaped not by certainty, but by the willingness to remain engaged in the face of distress, ambiguity and risk. Throughout this chapter, we have explored how core ethical principles – autonomy, beneficence, non-maleficence and justice – intersect with the lived realities of therapeutic work with suicide. Central to this has been the role of relational ethics, which reorientates ethical decision-making from rule-following to relationship-building, inviting counsellors to act with compassion, dialogue and integrity.

Whether through collaborative safety planning, risk formulation, navigating confidentiality, or making use of supervision, ethical responses must be grounded in an understanding of the client as a person, not a risk to be managed but a life to be understood. Counsellors are called to hold complexity with care, to act responsibly without removing agency and to reflect continuously on their own values, assumptions and emotional responses. In doing so, we create space for ethical practice that is both clinically sound and deeply human, where relationship is not peripheral to ethics, but central to it.

Pause for reflection 7.4

\a Reflexivity

How do you actively draw on reflexivity to help inform your work with suicidal clients, and what steps do you take to use those insights to shape your discussions in supervision, and back with your client?

8 Avoiding the exploitation of clients

Chapter overview

This chapter considers the many ways that clients are vulnerable to exploitation. It highlights examples of ideological, financial, sexual, emotional and professional pressures leading to client exploitation. It concludes by looking at essential safeguards in the form of powerful questions to challenge exploitation by ourselves as counsellors and by others.

Key words

exploitation, respect, ideological, financial, sexual, sexualized behaviour, emotional, professional

It is widely accepted that exploitation of clients is ethically incompatible with counselling. The use of the word ‘exploit’ carries with it strong negative moral overtones when applied to people, and especially when the exploitation takes place in a relationship founded on trust, respect for autonomy and serving the best interests of the client. The difficult task is identifying the different forms of exploitation that can occur. The identification is much clearer when someone deliberately overrides their professional values and ethics but is less obvious when the exploitation is less premeditated or even wholly unintentional. The conventional classification of exploitation distinguishes between financial, sexual and emotional. To this list we could add ideological exploitation, such as the imposition of interpretations on a client’s experience to validate the

counsellor's belief system, whether that be political, economic, faith-based or philosophical, therapeutic position or otherwise.

Ideological exploitation

It is unrealistic to expect a counsellor to perform the impossible task of suspending all personal beliefs in the interests of respecting client autonomy over their own beliefs (Adams, 2023). Any belief system pervades our experience of other people and ourselves, as well as influencing the way that we construct communications about these experiences. Some aspects of our belief systems must be present as an unseen influence between counsellor and client. Our beliefs and assumptions are in part shaped by our cultural and social backgrounds and our life stories. There may well be influences the other way, from client to counsellor, but the primary ethical interest, regarding exploitation, is from counsellor to client. This raises the question of how these beliefs should be managed within counselling. There is a strong ethical argument that making therapeutically significant beliefs explicit is more respectful to the client than leaving them ill-defined in the undergrowth of the relationship. The ethical benefits of making a counsellor's position explicit are enhanced if that counsellor acknowledges the possibility of a client holding different beliefs and demonstrates respect for those beliefs.

Perspectives from practice 8.1

\a Clive

Clive is amid a painful separation from his partner that has led him to doubt his previously strong religious convictions. As he had contacted his counsellor through a religious network, he appears to assume that the counsellor is committed to the beliefs that he is now questioning. This assumption seemed of marginal significance when working on the break-up of the relationship, but the counsellor senses that Clive's assumption

about his counsellor's beliefs may be discouraging Clive from exploring what his new beliefs might be and their impact on what he might want in future relationships.

This client is clearly at a critical moment of personal transition when his own beliefs are fluid and not yet secure in their formulation. This points to a need for care in how the counsellor influences the client's development of his beliefs. The counsellor needs to be wary of viewing the client's dilemma as a corroboration of her own beliefs. If she were a strong believer, it would be ethically inappropriate to link the client's emotional pain with his crisis of faith and suggest that renewing his commitment to his former beliefs would alleviate his pain. This would be disrespectful of client autonomy and could be ideologically exploitative if this interpretation grows out of the counsellor's needs for bolstering her own belief system.

Conversely, it would be inappropriate for a counsellor who had abandoned her previously strong faith to seek to influence the client in that direction. More appropriate responses will depend on the therapeutic orientation of the counsellor. A psychodynamic counsellor may concentrate on exploring the significance of this client's assumption and fantasies about the counsellor's beliefs without either corroborating or disavowing these projections. The aim would be to legitimize the client's ownership and responsibility for developing his beliefs with greater insight into his own personal process. Humanistic and cognitive behavioural counsellors would be similarly interested in exploring the client's assumptions but might well follow this up with some personal disclosure of the counsellor's beliefs in the spirit of defusing the influence of the unknown and emphasizing the client's responsibility for reaching his own conclusions. Any or all these interventions are fundamentally respectful of the client's autonomy and trust in the counsellor. It is arguable that passively continuing with the influence of the client's assumptions left unexplored is a less seriously exploitative act than co-opting the client's experience to corroborate the counsellor's beliefs. But it is a minor exploitation, nonetheless. An opportunity to

build the client's confidence and personal resourcefulness would have been missed, which might raise doubts about the competence of the counsellor. Questions about competence and autonomy are often entangled in any consideration of whether exploitation has occurred.

Social justice in context 8.1

Ideological exploitation could be described as a social justice issue. The often-encountered power imbalance between counsellor and client, as has been discussed elsewhere in this book, increases the potency of a counsellor's beliefs and how they might, inadvertently, be asserted over the client. If counsellors do not undertake careful reflection of their personal beliefs, or upbringing, surrounding race, culture, sexual identity, age and disability, for example, the very real danger of causing harm through positions taken in therapy can be profound.

Financial exploitation

The potential for financial exploitation in counselling occurs in several ways. The most common source of complaint arises from a lack of clarity about the financial costs incurred by clients.

Perspectives from practice 8.2

\a Stephanie

Stephanie seeks counselling and agrees to a fee of £30 per session. After the first two months she and the counsellor agree to meet more frequently and change from fortnightly

sessions to weekly. The discussion about the new arrangements was hurried and at the end of a session. Some time later, Stephanie is perplexed and shocked to receive a bill for £160 at the end of the next month. She had wondered what the cost would be, but had calculated that the maximum charge would be for four weekly meetings at £30, a total of £120. When she raised the issue, her counsellor explained that his charges had gone up to £40 per session at a point during the first two months of seeing her and, as this was a new arrangement, he felt obliged to charge at the higher rate.

This is a classic example of where a lack of clarity about fees, prior to the client incurring costs, can lead to a misunderstanding and even destroy trust in the counselling relationship. It would have been better if the original arrangement had been an agreed fee for a fixed amount of counselling expressed in hours or sessions. This would have removed uncertainty about the implications of any changes in arrangements. Any increase in charges without notice and charged retrospectively is arguably exploitative. It is also unenforceable in law. One of the basic requirements of a legally valid contract is prior agreement about its terms.

Clients are entitled to feel cheated if, after reaching an agreement about the payment, the counsellor is bad at time-keeping, particularly if this results in the client paying a full fee for a session when they have only received part of one. Habitually bad time-keeping is almost certainly an indication of low standards of practice by a counsellor. However, like anyone else, a counsellor can be unexpectedly delayed by an accident or for some other reason. This might also be the case in the event of technical issues encountered when delivering therapy online, for example the therapist’s internet connection failing during the session. What should a counsellor do in these circumstances? The obvious course of action is to reduce the fee in proportion to the time missed. If, however, the purpose of the session has been frustrated by this shortage of time, then it may be more appropriate to make no charge. If a client has incurred costs or

been inconvenienced to attend a session that has been adversely affected by the time-keeping of the counsellor or even their total absence, then it may be more appropriate to reimburse those costs and sometimes to pay compensation. One way of minimizing inconvenience to a client is to have a prior agreement about how long that client should wait for the counsellor before assuming the session is abandoned. Such an agreement would only apply when something unexpected has intervened. It is much better to avoid such situations and if a session needs to be rescheduled to have reached an agreement about the new arrangements as far as possible in advance.

Counsellors who charge fees for their services are vulnerable to the suspicion that they keep fee-paying clients on longer than is strictly necessary. There are two opposing views about who is responsible in this situation. Some take the view that it is the client's responsibility to monitor whether or not they want to continue counselling and whether they are getting value for money. This seems appropriate when the counselling is clearly provided on this basis and the counsellor does not express an opinion about the desirable duration of the counselling relationship. It is arguably another way of respecting client autonomy. However, in practice, matters are not always as clear-cut as this.

Perspectives from practice 8.3

\a Polly

Polly values her counselling sessions, which started when she was having difficulties due to bereavement. She asks her counsellor how long she is likely to benefit from counselling. He replies that in his experience of comparable situations six months would be the appropriate length. In the event, Polly makes more rapid progress and after two months has begun to use the sessions to consider other aspects of her life. She

is fee-paying and always pays willingly, which is a relief to her counsellor, who is experiencing financial difficulties.

In these circumstances it is more appropriate for the counsellor to draw attention to a change in the purpose of the sessions and to reach a new agreement. The temptation is to allow the counselling relationship to extend itself by the counsellor's inaction to the end of six months or indefinitely. The tendency to extend contracts with wealthy clients is not always deliberate. One way counsellors can check whether this is actually happening is by monitoring whether they give wealthy clients longer contracts than their poorer clients, and by periodically reviewing this issue in counselling supervision. Incorporating periodic reviews with clients about their counselling contracts also acts as a safeguard. It is a test of the counsellor's integrity whether they can set aside their financial needs to negotiate the duration of the counselling relationship so as to consider the client's best interests.

Sometimes clients will want to give their counsellor a gift. This raises issues that involve the integrity of both the counselling relationship and the counsellor.

Perspectives from practice 8.4

\a Elsie

Elsie is alienated from her relatives and wishes to leave her counsellor a substantial sum of money in her will.

This situation could threaten the integrity of the counselling relationship if the client's conscious or unconscious intention is to buy the counsellor's loyalty or manipulate the relationship in some way. On the other hand, it could be a straightforward way of acknowledging the personal value that the client places on the

counselling, which will only take effect once the relationship is over. The risk to the counsellor's integrity is the suspicion that they may have used their influence to obtain the gift. For all these reasons, counsellors are wise to be cautious about accepting gifts and to refuse to do so if this would compromise the counselling relationship. If there are no obvious reasons for declining the gift, it is a sensible precaution to protect the counsellor's reputation to discuss it in counselling supervision, and in the case of a substantial gift, to discuss this with their professional association. Often it is more appropriate to encourage the client to make a gift to charity rather than to the counsellor personally.

Sometimes financial exploitation may arise from dual relationships operating concurrently between the counsellor and client.

Perspectives from practice 8.5

\a Douglas

Douglas, a car dealer, knows that his counsellor wants to buy a car. After some negotiation, the counsellor agrees to purchase a car from Douglas. In the event, the car turns out to be faulty, and they are unable to agree on how to resolve it. She then sues Douglas.

This case reveals that there are many dangers in dual financial relationships. At the very least the counsellor has left herself vulnerable to the suspicion that she has used her role in relationship to Douglas to obtain a more favourable deal from Douglas than she could obtain elsewhere. Even if this were not the case, the potential for the business transaction undermining the counselling relationship is a high one if grievances arise in the commercial relationship. It is very unlikely that the dual relationships, counselling and financial, could be kept separate. In the example, it is the client's part of the deal that is problematic, but the effect would be much the same if the

counsellor had difficulty making payments or if any of many other possibilities arose.

Sometimes counsellors will enter into dual relationships out of the best intentions.

Perspectives from practice 8.6

\a Jon

Jon is a fee-paying client in the middle of his counselling when he is made redundant. His counsellor agrees to Jon's offer of doing odd jobs for him instead of paying fees.

There are dangers in this situation for both counsellor and client. What if the counsellor is dissatisfied with Jon's work? On the other hand, what is a reasonable rate of pay from Jon's point of view? The potential difficulties are such that both these situations need to be considered in advance of entering into such an arrangement. Some counsellors prefer to avoid the risk of such complications by using a sliding scale of fees that could be adjusted according to Jon's circumstances, or by continuing counselling without any charge.

Bartering goods is sometimes considered as an alternative arrangement in circumstances similar to Jon's. What if Jon agrees to give the counsellor an ornament or some other possession as an alternative method of payment? Again, the problems are similar to bartering services. The counsellor needs to consider in advance what would happen if the object exchanged turns out to be damaged or faulty. Jon needs to be confident that he is getting value in the exchange. Probably an independent valuation is required as the starting point for any agreement. It is unclear if there are any UK guidelines for situations where fees are paid by barter (although there might be professional ethical considerations around the existence of dual roles). In the USA, these issues have received

more extensive attention (see Herlihy and Corey, 1992). The American Counseling Association makes the following provision about bartering in its *Code of Ethics*:

> Counselors may barter only if the relationship is not exploitive or harmful and does not place the counsellor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract. (ACA, 2014: A.10.e)

Sexual exploitation

Social awareness of sexual exploitation and harassment by people with power over others has increased dramatically over the last decade. It is widely accepted that there is a significant amount of sexual abuse of children by adults, often members of their own family as well as professionals, including counsellors, involved in their support (Halter et al., 2007). There are no means of knowing accurately how frequently clients suffer sexually inappropriate behaviour but there are indications that it is sufficiently frequent to be a real cause for concern. In the USA, it was estimated that sexual contact occurs between male therapists and clients in about 11% of cases and between female therapists and clients in 2–3% of cases (Pope and Bouhoutsos, 1986). A subsequent downturn in self-reported cases by therapists may indicate that increased awareness of the issue has been successful in reducing sexually inappropriate behaviour. On the other hand, it may be the result of less candid self-reporting (Pope and Vasquez, 1991).

In the UK, the incidence is less certain. They are a significant but minority source of complaints in BACP professional conduct procedures between 1996 and 2006 (Khele et al., 2008). It appears

that incidents are under-reported. Even if the incidence of sexual misconduct by counsellors turns out to be lower than in the USA, and there is no evidence to suggest that this is the case, more needs to be done to reduce it further. The effect on clients is so devastating that their reactions have been likened to the victims of rape, battering, incest, child abuse and post-traumatic stress syndrome. Pope (1988) has described the therapist–patient sex syndrome as involving many of the features of these other traumas:

> *Ambivalence*: A state of fearing separation or alienation from the counsellor, yet longing to escape their power and influence. For as long as the ambivalence persists, the client may not report the counsellor out of a sense of loyalty and fear of destroying their professional reputation.
>
> *Guilt*: This arises because the client may feel responsible for not having stopped the sexual activity or for having initiated it. However, it is the counsellor's responsibility to monitor the boundaries, even if the client does act seductively, and it is the counsellor who is responsible for maintaining the appropriate level of personal/professional distance, not the client. The client's sense of guilt is often similar to the feelings associated with child abuse and there is a similar sense of responsibility for what happened on the part of the client.
>
> *Emotional lability*: A long-term consequence of counsellor–client sexual involvement can be a sense of being emotionally overwhelmed during the relationship, which may be followed by periods of emotional instability. Sometimes the emotional volatility occurs inappropriately with sexually appropriate partners.

Other responses identified by Pope include identity/boundary/role confusion, sexual confusion, impaired ability to trust, suppressed rage, cognitive dysfunction and increased suicidal risk. The risk of serious emotional distress to the client is only one of the reasons why there appears to be universal prohibition on sex with clients by

national professional bodies for counsellors. There are other reasons why sex between counsellors and clients is considered dangerous. Clients are vulnerable to exploitation because of the inequality of power that is inherent in a counselling relationship. Inevitably, the helper will hold more power than the person being helped will. It is the difference between being the provider and the needy. Psychodynamic counsellors have also pointed out the likelihood of a powerful transference growing between the client and counsellor arising from the client's childhood. When this occurs, the client is relating emotionally to the counsellor as a child would to an adult or a parent. If the counsellor enters into a sexual relationship, it is experienced as sexual abuse or incest. This may explain the level of distress experienced by some clients.

The risks inherent in sex with clients are not confined to the client's reaction. The public reputation of counselling in general is at stake. The public must have confidence that they can approach counsellors and discuss personal issues in a safe environment. As part of the counselling process, people often become emotionally vulnerable and expose themselves psychologically to their counsellor. Therefore, it is important that the counsellor maintains an appropriate boundary in the relationship to provide the client with safety. The 'no sex' rule for counsellors is out of respect for the clients' psychological vulnerability in the same way as doctors need to respect their patients' physical vulnerability. The prohibition on sex with clients, therefore, both protects current clients and also protects the reputation of counselling in the public mind so that future clients feel able to take the risk of approaching a counsellor.

What are sexual activity and sexualized behaviour?

The prohibition of sexual activity with current clients was adopted in the first BAC *Code of Ethics and Practice for Counsellors* in 1984, and repeated in subsequent ethical guidance not only from BACP but also from COSCA, BPS, the Irish Association for Counselling and Psychotherapy (IACP) and UKCP. This prohibition is applied internationally by counselling organizations and has inevitably raised

the question ‘What is sexual activity or a sexual relationship?’ The phrases imply that the ethical concerns extend beyond sexual intercourse involving penetration to include other behaviours, such as masturbation, ‘heavy petting’ and so on. But where is the boundary between sexual activity and hugging and kissing, which are activities that may or may not have an obvious sexual component? The sexual ambiguity of these activities means that it is impossible to produce a clear definition of what constitutes sexual activity. With some activities, it will depend on the intention of the people involved and, just as importantly, the interpretation of the person on the receiving end. Counsellors are wise to be cautious in situations where their actions can be misunderstood.

Advice from the Council for Healthcare Regulatory Excellence (2009) on clear sexual boundaries uses the term ‘sexualised behaviour’ to include behaviours that have sexual overtones but are not necessarily thought of as sexual activities. Such behaviour is forbidden for all healthcare workers because of its potential to:

cause significant and enduring harm;

damage trust;

impair professional judgement.

Examples of sexualized behaviour (adapted to be relevant to counselling) include:

asking for or accepting a date;

using sexual humour during consultations;

making inappropriate sexual or demeaning comments or asking irrelevant questions, for example about a patient’s/client’s body, underwear, sexual performance or orientation;

requesting details of sexual orientation, history or preferences that are unnecessary or irrelevant;

asking for, or accepting an offer of, sex;

the unnecessary exposure of the either the client's or counsellor's body during the consultation;

hugging or touching that is inappropriate;

having meetings outside counselling sessions with a sexual intent;

keeping or taking photographs or other records of a client for the sexual pleasure of the counsellor;

undertaking any act that is for the counsellor's sexual gratification (including grooming in preparation for such an act);

exchanging drugs or services for sexual gratification;

a sexual assault.

In terms of helping counsellors to think through the issues around sex with clients, it is useful to list these different activities separately and realize that any sexualized activity with a client is likely to fall into one of these categories.

'Sexual and sexualized activity' also has positive connotations associated with intimacy, physicality and relationships, and outside of the counselling relationship can be extremely positive and life-enhancing. The prohibition on sex between clients and counsellors is not based on latter-day puritanism but on the expectation that both counsellor and client should look to others for sexual fulfilment independent of each other. Counsellors who have entered into sexual relationships with clients could be argued to fall into several distinct categories. There are a few who deliberately use counselling as a means of obtaining sexual contacts and who appear relatively

indifferent to what happens to the client afterwards. Their motivation and behaviour are pathological. More often, counsellors who cross the boundary do so because of a lack of satisfactory emotional and sexual relationships in their own lives. Such a person may well use clients (and trainees) as a source of social company and hence the possibility of sexual relationships is increased. Counsellors behaving in this way often have considerable confusion over issues to do with personal boundaries, which may permeate much of their life and their work with clients. The best way a counsellor can avoid this situation is to explore their own sexual needs and ensure that they satisfy these needs outside their counselling relationships. A counsellor who has done this is in a much better position to deal with the sexual attraction that will inevitably arise from time to time.

Sexual attraction

Sometimes it will be the client who feels the sexual attraction most strongly and who clearly takes the initiative in attempting to seduce the counsellor. Does this make the counsellor responding positively any less problematic or exploitative? The counsellor's role here is to acknowledge the sexual experience of the client, but to do so such that it facilitates the client's capacity for relationships outside of the therapeutic relationship. 'No' can be a therapeutic word.

Protecting the integrity of the counselling relationship

Perspectives from practice 8.7

\a Jack

Jack appreciates the help he has received and has become attracted to his counsellor. How should his counsellor react when he invites him to meet outside the counselling sessions?

When a client appears to be sexually attracted to a counsellor, it is important to be clear about the purpose and boundaries in counselling. Rather than comply with the client's overtures, it is better to acknowledge openly what appears to be happening and then explore what the client wants from a sexual relationship with the counsellor. If this situation is handled well, it often marks the movement into a new phase in counselling where both the client and counsellor feel able to discuss their feelings about each other more directly. It is often a time when the client is willing and able to disclose personal needs more frankly, which are not being met elsewhere in their lives. For the counsellor, it is important that this kind of situation is discussed in counselling supervision so that they feel clear about, and supported in, maintaining an appropriate professional boundary. Any alternative approach is usually less satisfactory.

To pretend to ignore a client's advances represents avoidance of where the greatest energy in the relationship may be currently operating, and with it the greatest motivation to work on real needs and issues. To comply with the advances and become involved in sexual activity not only defuses and misdirects potential therapeutic energy, but also carries with it personal risks for both the counsellor and client. For the counsellor, in the event of a complaint, there is also the likelihood of their expulsion from professional associations.

If we experience pain or a sense of loss in declining the advances of a client, then that ought to be a prompt to discuss what is happening in supervision or a prompt for our own therapy. Sometimes the psychological intimacy of counselling can conceal a counsellor's own unmet needs. Keeping the focus on the integrity of the counselling relationship with the client can be challenging in many ways and sometimes may cast a spotlight on the counsellor's needs and desires in unexpected and uncomfortable ways. Avoiding client exploitation requires meeting those needs outside the work with clients.

Counsellors can also sometimes experience a powerful sense of sexual attraction towards a client. It is still probably taboo to talk about such feelings (Pope et al., 2006). If we have not experienced such feelings, we can imagine the feelings we might experience if we encounter a client who is our sexual ideal and who also has personal qualities we admire. Sometimes extremely strong sexual attractions can develop in longer counselling relationships of a psychologically intimate nature. The desire to move into a sexual relationship may be enormous. It is not unethical to feel attraction to a client. The ethical response is to acknowledge the feeling to ourselves and to then consult a counselling supervisor and colleagues about the situation as quickly as possible. The decision about whether to tell a client about our feelings of attraction will be a matter of judgement depending on the circumstances and the model of counselling being used. Sometimes seeking our own counselling can prove useful. It is probably the case that comparatively few counselling training programmes include any formal training in how to recognize and respond to sexual attraction in counselling. This is a serious omission.

Sex with former clients

It is only comparatively recently that the issue of sexual relationships with former clients has started to receive serious consideration by counsellors on both sides of the Atlantic. Debate around this issue gained momentum during the mid-1990s, within the BACP (Bond, 1994) and BPS (Jehu, 1994). The BACP's position was outlined in its 2018 *Ethical Framework* for counsellors:

> We will avoid sexual or intimate relationships with former clients or people close to them. Exceptionally, such a relationship will only be permissible following careful consideration in supervision and, whenever possible, following discussion with experienced colleagues or others concerned about the integrity of the counselling professions, when:

enough time has elapsed or the circumstances of the people concerned have sufficiently changed to establish a distinction between the former and proposed new relationship

any therapeutic dynamics from the former relationship have been sufficiently resolved to enable beginning a different type of relationship (This may not be possible with some clients or inappropriate to some therapeutic ways of working.)

an equivalent service to the one provided by the practitioner is available to the former client, should this be wanted in future

the practitioner has taken demonstrable care in ensuring that the new relationship has integrity and is not exploitative. (BACP, 2018a: 18)

BACP's 2026 *Ethical Framework* (2026: 1.3c) takes a clearer position on this, stating, members '*should not have sexual relationships with, or behave sexually towards clients, supervisees, trainees or research participants.'*.

One of the challenges in reaching an agreed policy was an issue that divides counsellors according to the nature of the work they do with clients and a counsellor's theoretical orientation. Some examples may illustrate these different widely held opinions.

Perspectives from practice 8.8

\a Lesley

Lesley seeks counselling to help her to manage a conflict between her and a colleague at work better. A combination of

problem solving and assertiveness techniques is successful. After two counselling sessions she has resolved her problem and the counselling stops. Six months later she bumps into her counsellor socially at a party and after a pleasant evening together they decide to meet socially. Neither person is in a relationship with someone else. Some weeks later they start a sexual relationship.

In this example, the counselling work is unlikely to have involved much intimacy or intensity as the theoretical orientation has a strong behavioural component and the focus of the work is outside the immediate counsellor–client relationship. The meeting that precedes the sexual relationship also occurs in a setting unconnected with the counselling and on equal terms. It seems inappropriate to prohibit two adults from continuing to develop their relationship in the way they want in these circumstances. It has been argued that to be too protective of clients is to infantilize them and constitutes an erosion of their autonomy. Counsellors who believe this situation is typical argue against any restraint on sex with former clients or for minimal restraints.

Perspectives from practice 8.9

\a David

David uses counselling to explore his difficulty in having close relationships that last longer than a few months. During the counselling, which was weekly over five months, attention is paid to his feelings towards his counsellor, Sam, who points out when he feels David is trying to distance himself from him. As a result, David becomes aware of how he pushes people away and how this re-enacts a painful period during his childhood. Six months after the end of the counselling David meets Sam at a charity event and suggests they meet again

for a meal. Both of them realize that there is a mutual sexual attraction. What should Sam do?

In this example the counselling was more intense, intimate and longer-lasting. This is the kind of situation where powerful transferences and counter-transferences are likely to arise, whether or not the counsellor is using a psychodynamic model, and considerably greater caution is required before a sexual relationship is started, if ever. For example, members of the College of Sexual and Relationship Therapists (CORST) (2022) have adopted a ban on sexual relationships with former clients. They believe this is essential to protect the integrity of counselling on these sorts of issues. There is anecdotal evidence that some clients are deterred from seeking counselling about relationship and sexual issues because they are not confident that counsellors will not engage in sex with them. Many practitioners with a psychodynamic orientation also doubt whether it would ever be possible to enter into a relationship that is truly free of the transferences and power dynamics of the original counselling.

Pause for reflection 8.1

\a Issues with sexual relationships with clients

Do you believe sexual relationships can be appropriate with clients if there has been minimal therapeutic engagement? What informs your thinking?

Counselling in an appropriate environment

Rowan (1988: 26) has drawn attention to the way the furnishings of a counselling room communicate to a client what is expected of them. He suggests, for example, that ‘Cushions on the floor give much more flexibility and a suggestion that it is alright to be childlike or even childish. And a couch or mattress lends itself to fantasy,

dreams, deep regression and loss of conscious rational control.' In contrast, it is argued that chairs suggest rationality and the straighter the chair, the greater the emphasis on rationality. Similarly, the presence of a box of tissues may be perceived as indicating that others have used the room for crying and that the counselling room is a safe place to cry in.

Without wishing to press these observations too far, probably most counsellors would recognize a degree of reality in these and acknowledge the conscious and unconscious influence of the physical environment in which counselling takes place. One of the obvious questions which follows is, why do some counsellors see clients in either the counsellor's or the client's bedroom? This must send mixed messages about a counsellor's intentions. It is better to avoid counselling in bedrooms altogether. If this is not possible, it is better to use a room that is not being used regularly by the counsellor or client, such as a spare room and optimally a dedicated room for counselling that is appropriately furnished for the type of counselling to be undertaken. An obvious exception to this is when counselling someone who is confined to bed because of illness.

Emotional needs

Much of what has already been said about sexual exploitation is directly transferable to emotional needs. If the boundary in sexualized activity is sometimes hard to identify, this is even more so with emotional needs. This is not problematic if the need is complementary to the client's use of counselling and is sufficiently within the counsellor's control to avoid distorting the counselling relationship. A counsellor's emotional needs are not always counterproductive. Sometimes a counsellor's neediness or vulnerability can be used as a resource to enhance a client's understanding of their own situation or to break down a sense that the client is unique in experiencing a particular vulnerability. This often represents a high standard of practice and is within the tradition of the 'wounded healer'. The problem arises when the

counsellor's neediness is such that the client's needs are eclipsed, or under the pretence of working to meet a client's needs, the counsellor is really seeking satisfaction of their own. This can occur in a huge variety of ways. The most obvious are counsellors who cannot end relationships with clients because they are a source of regular companionship and a substitute for the counsellor developing friendships with people who are not their clients. Perhaps a little less obvious is the counsellor who has such a sense of personal unworthiness that they choose to work with the most socially stigmatized and disadvantaged clients available to them on the basis that at least they will be grateful for help. Often, however, they will not be grateful or appreciative, and the counsellor's disappointment and sense of rejection can become the dominant emotional force in the relationship rather than the client's feelings of vulnerability.

Good practice with regard to emotional exploitation requires that counsellors periodically review what their emotional satisfactions and needs are. It is important that the counsellor has alternative sources of emotional satisfaction from outside counselling for most of their deep needs. Good quality counselling supervision is invaluable in helping counsellors address this issue.

Powerful questions against exploitation

There are a number of powerful questions we can ask ourselves to expose exploitation in the work we are undertaking:

Whose interests are being served?

Who benefits most from this approach to counselling?

When the counselling is completed, whose expectations have been met?

Am I comfortable with telling other counsellors or my supervisor what I am considering doing?

These are all questions that can be considered in supervision or with experienced colleagues. The aim is not to imply that only the client ought to benefit and everything is a sacrifice by the counsellor in the interests of the client. It is ethically acceptable for a counsellor to benefit from offering counselling by getting a fair reward and personal satisfaction. The difficulties arise when a client is no longer the first concern in the counselling and has become secondary to meeting the counsellor's needs or interests.

Curiously one of the situations in which clients may be particularly vulnerable to exploitation arises during training. Trainees are often under pressure to demonstrate their proficiency within quite tight time limits determined by the training programme. The level of investment of themselves financially and the sense of vulnerability when being assessed can combine, with the result that trainees put their own needs ahead of those of their clients. A client who is progressing well or seems likely to do so is a very tempting subject for a case study or a recording to demonstrate practice skills. How much pressure ought the client be put under to take part in generating material for the counsellor's training and assessment?

Avoiding exploitation of clients

Perspectives from practice 8.10

\a Anne

Anne needs a video of her for her training and assessment on a professional counselling course. Frances is just right as a client. How far ought Anne to go in putting pressure on her to be recorded? What ought to be the limits of persuading or pressurizing Frances? What should Anne do to make sure that her request is ethical? What are the risks if she gets it wrong?

If we ask the powerful questions to expose any exploitation here, then we will discover that there are considerable benefits to counsellors in having material to submit for assessment and the rewards of a qualification if the work passes. Does this make it exploitation? Not necessarily. It is worth asking searching questions about the benefits to the client and the process by which that person has become involved in the assessment process. We can ask the following:

> Have clients been asked to participate in an open-ended and honest way that talks about the implications for them?
>
> Have clients been informed that whether they accept or decline this will make no difference to the type of service they receive, and certainly not put them at any disadvantage in decisions about what will be best for them?
>
> What are the implications for confidentiality and how will these be managed?
>
> What are the safeguards in place to ensure that clients receive the best possible service?
>
> Have clients been given sufficient explanation of what will be involved and time to reflect on whether to take part? Have they given consent that is adequately informed and been given freely?

Clients may often want to please their counsellor for conscious or unconscious reasons. They may hope to strengthen the relationship, be acknowledged as special, have strong feelings of gratitude or any of many possible reasons. These reasons do not of themselves make any client's involvement exploitative if that client also receives significant benefit from the work and the process of involving them has been managed respectfully.

Courses have a large ethical responsibility. They can support their trainees in making such requests well and respectfully and model similar respect for their trainees. Alternatively, they can pressurize their students to override any concerns about exploitation and sow the seeds for future insensitivity to clients' interests and their exploitation. Professional pressures can be as dangerous as the more obvious pursuit of the personal, ideological, financial, sexual and emotional needs of the counsellor.

Responding to exploitation by counsellors

Exploitation involves meeting the counsellor's needs or someone else's at the expense of the client's. Exploitation may be deliberate or unintentional, but it is always unethical. What should a counsellor do when they suspect another counsellor of exploiting clients? Their course of action must depend on the circumstances in which the suspicions arise if the client is not to be subjected to further harm.

Perspectives from practice 8.11

\a Hanna

Hanna seeks counselling because she feels troubled by her experience with her previous counsellor. She had been having a sexual relationship with her counsellor, which had started while she was receiving counselling. She is aware that this is a breach of the counsellor's code of ethics but does not wish to make a complaint.

In these circumstances the counsellor ought to be bound by his agreement with Hanna about confidentiality and can only act with her consent. He may actively seek this consent or encourage Hanna to pursue her own complaint, but if he does more than this, he will inevitably compromise his own relationship with his client by failing to

work within an agreement about confidentiality and respect her autonomy. Even though the counsellor may feel uncomfortable with this knowledge there is little else he can do; otherwise, he will compound the original harm by increasing his client's vulnerability by a further breach of confidence. Hanna's needs ought to have priority.

What if the client reveals in confidence a situation where a counsellor is repeatedly exploiting many clients? It will then be a matter of judgement whether it would be better to respect an agreement with an individual client about confidentiality or whether it would be better to report the situation in order to prevent further harm to other clients. The significance of considerations of acting to promote the 'public good' with regard to confidentiality is discussed in Chapter 9. This is an extremely difficult situation because there can be no hard-and-fast guidelines. Each person must assess the situation according to the known circumstances. However, it is increasingly accepted that confidential disclosures to the people or bodies able to detect or prevent exploitation or protect client safety that have been made in good faith will usually be ethically and legally justified. Client safety will usually override confidentiality.

Perspectives from practice 8.12

\a Sandy

Sandy, a counsellor and colleague, tells you confidentially that he has started a sexual relationship with a current client.

In this alternative situation there is a crucial difference: the counsellor, not the client, has approached you directly. Notwithstanding the agreement about confidentiality, it is probably better to encourage Sandy to report the circumstances to his professional association and seek their guidance and, if this does not happen, to take the initiative yourself. A counsellor who actively seeks assistance for himself is likely to be viewed more favourably

than someone who waits to be reported. However, even in this situation, because the counsellor has approached you in confidence, there should be no automatic breach of confidence. Again, it is a matter of weighing up whether you are more likely to promote the 'public good' by breaking a confidence or by keeping that confidence. This constraint does not operate if you are told of the sexual relationship without any preconditions relating to confidentiality. Again, client safety will usually override confidentiality.

Sometimes allegations of exploitation will occur as rumour. For example, you were at a party and you heard allegations that a counsellor you know well and have worked with is financially exploiting her clients. There would be some doubt about the credibility of such a rumour because you do not have direct personal evidence. If you think that it is unbelievable, then you may wish to let the counsellor know about the existence of the rumour so that she can choose what to do about it. If the counsellor admits to you that the rumour has an element of truth, you are in a similar position to the second example. If, on the other hand, you have reason to suspect the rumour might be true, but the counsellor denies it, then it is a matter of personal judgement how to proceed or whether to wait and see if your suspicions are confirmed or disproved.

All the major counselling organizations place an obligation on counsellors to challenge any suspected malpractice by other members of that organization and to report the malpractice when this is appropriate. The act of reporting a fellow counsellor can seem extremely daunting and full of potential conflict and embarrassment. However, these are seldom sufficient reasons for not doing so. Far more important as the basis of your decisions is the appropriate protection of clients' rights and, ultimately, the members of the public who seek counselling.

Conclusion

The exploitation of clients raises important issues for counsellors. It is not merely a matter of harm to the clients most directly concerned

but to the reputation of counselling as a whole; these are hard judgements for counsellors to make. Counsellors tend to value diversity in people and relationships. When faced with clear examples of exploitation it is all too easy either to under-react by maintaining an inappropriate level of non-judgementalism or to over-react with excessive zeal. Neither of these responses is helpful. Exploitative practices must be challenged and eliminated, but as this chapter has shown it requires great care to assess the issues involved in specific situations and to be fair to the client and everyone else involved.

9 Confidentiality

Chapter overview

Confidentiality provides the conditions essential to counselling that enable clients to talk freely. This chapter explores the ethical basis of confidentiality with a detailed consideration of the obligations and exceptions to observing confidentiality. It concludes by examining whether clients should be expected to observe confidentiality and the ethics of collaboration between professionals.

Key words

confidentiality, privacy, disclosure, public interest, collaboration

Confidentiality is probably the issue that raises the most ethical and legal anxiety for counsellors. It is one over which practice has evolved from a total commitment to a client's privacy and confidentiality to something that requires active management by the counsellor and may involve making difficult judgements. These changes have taken place in response to a greater appreciation of the ethical complexities of providing counselling, but also have been driven by changes in the law.

The importance of confidentiality in counselling

Confidentiality is considered fundamental to counselling because by its very nature counselling is an intimate relationship which often

involves the client in divulging information about their current and past situations as well as their opinions and innermost feelings (Mitchels and Bond, 2021). This can only take place in a relationship based on trust. A client needs to feel that whatever has been disclosed will not be used in ways that will harm them. This usually means that disclosures in counselling are made by clients on the assumption that what is said remains confidential between the counsellor and client.

Confidentiality acts as a shield to protect client autonomy by putting them in control of how they use their counselling in their everyday life. Confidentiality protects against unwelcome intrusions from the counselling room into other areas of a client's life. It also provides protection against any stigma associated with having sought help (Holmes and Lindley, 2018).

One meaning of confidentiality is 'strong trust' (from the Latin *con-fidere*). High levels of trust are necessary to create the conditions in which clients can strive for the levels of personal truthfulness that are necessary to address the issues that are causing them concern. It requires corresponding levels of trustworthiness on the part of the counsellor. For these reasons, protecting confidentiality is a high ethical priority in counselling and requires sound ethical reasons for confidentiality to be curtailed in any way.

The limits of confidentiality

Perspectives from practice 9.1

\a Liam

Liam has benefited greatly from counselling. However, in a passing remark, he reveals something that causes his counsellor to be concerned about the safety of other students and the college buildings. How should the counsellor respond

ethically? Where do the limits of confidentiality end and other ethical priorities take over?

Counsellors have not been alone with this ethical dilemma. Finding a way of reconciling conflicting pressures in favour of privacy and confidentiality, while requiring or permitting ethically desirable disclosures of confidences, has been accelerated by developments in the law that are applicable to all citizens. These developments have resulted in both greater legal protection for clients' confidences and greater clarity when breaches of clients' confidences may be required. Current law requires counsellors to make carefully considered judgements as to what would be the best outcome and to be legally accountable for those decisions.

Pause for reflection 9.1

\a Limits to confidentiality

How would you respond in the situation with Liam? How will you manage your conflicting ethical obligations to respect your client's confidences and your concern to protect other people (and the building) from harm?

Legal protection of confidentiality

The protection of a client's confidences and privacy is a legal obligation required by several levels of the law. It is only possible to give a broad overview of the law in relation to confidentiality; for a fuller consideration of how the law impacts on practice see Mitchels and Bond, *Confidentiality & Record Keeping in Counselling & Psychotherapy* (2021).

The Human Rights Act 1998 created legal obligations for all ‘public authorities’ and is therefore directly applicable to all counselling provided in statutory services (e.g. health, education and social services) and indirectly reaches wider than this. Article 8 concerns the protection of privacy and is set out in two parts. The first part establishes the general right to privacy and the second sets out the limits of these rights:

> Article 8.1 Everyone has the right to respect for his private and family life, his home, and his correspondence.
>
> Article 8.2 There shall be no interference by a public authority with the exercise of this right except as in accordance with the law and as is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or the rights and freedoms of others.

This sets the right to privacy and confidentiality within the wider social context of the structures required to protect a democratic society. This is the wider legal context that is easily forgotten when sitting in the counselling room with the door closed against the outside world. All the people in the room are citizens and subject to the law which both protects confidences disclosed in that room but may limit that protection.

The Data Protection Act 1998 set out requirements that were applicable across the European Union, and these were further developed in the EU General Data Protection Regulations (GDPR) in 2018, which apply to all EU members, and then by the Data (Use and Access) Act (DUAA) 2025. The UK’s vote in 2016 to leave the EU and subsequent negotiations opens the possibility of further changes to data protection that are independent of the EU. However, any changes have considerable impact way beyond counselling, especially for international trade, so that they are likely to be widely

debated and consulted upon well in advance of the changes taking effect. It seems very likely that the GDPR will be the legal basis for data protection for the foreseeable future in the UK. As counselling records fall within the category of ‘sensitive personal data’, they will remain subject to the most stringent requirements for confidentiality and the safe storage of any records.

Common law applies in any circumstances not covered by statute. The obligation to protect information given in confidence is established where the recipient of the information knows or ought to know that the other person can reasonably expect his privacy to be respected (see the case of *A v B plc and C* (‘Flitcroft’) [2002]). Therefore, it follows that counsellors owe their clients a general legal duty of confidentiality.

Exceptions to a duty of confidentiality

There are several exceptions to a general legal duty of confidentiality for counsellors. These can arise where the client waives a right to confidentiality by giving their consent to disclosure, where the law recognizes a countervailing factor that outweighs a right to confidentiality, or where there is a legal obligation to disclose. The first of these provides a practical basis for involving the client in deciding how to resolve many ethical dilemmas over confidentiality:

1. The obligation to protect confidential information ceases if a client (who is the subject of that information) consents to disclosure. Typically, the consent will be to disclose specific information to specified people or organizations or for specific purposes. Going beyond the client's conditions for granting consent will amount to a legal breach of confidence unless there is some other legal justification. Seeking a client's consent to making a disclosure is the best way of overcoming any ethical difficulties. Oral consent is sufficient, but a record of the consent made as close to the time of the consent as possible provides additional protection to client and counsellor in case there is a later disagreement about what the client consented to. This record should include any conditions required by the client that limit their consent to what may be disclosed. A later record of what was disclosed and to whom it was disclosed is further protection and demonstrates ethically and legally informed practice.
2. The balance of public interest is probably the most important criterion for overriding confidentiality, especially if this is against the client's wishes or it has not been possible to obtain consent. The counsellor is required to balance the public interest between the public good served by preserving confidentiality and the public good served by breaching confidentiality. The protection of members of the public from serious physical harm would usually tip the balance in favour of disclosure. There are a number of criteria that a counsellor would be wise to consider before breaching confidentiality on a balance of public interests. Mitchels and Bond (2021) recommend consideration of:

    i. *The degree of risk*: a real risk of harm weighs towards breaching confidentiality. A client who has made similar threats but not acted on them would represent a lower risk.
    ii. *The seriousness of the harm being prevented*: the risk of serious physical harm, rape or child abuse would be of sufficient harm to be weighed in favour of breaching confidentiality. The prevention of psychological harm without any associated physical harm would not usually be sufficient for protecting adults. It would require the client's consent.
    iii. *Imminence:* time to prevent the harm is running out.
    iv. *Effectiveness:* there is a reasonable probability that the breach of confidentiality will prevent the harm.
3. To protect the disclosure from legal action for breach of confidence, any disclosure should be made to someone or an organization capable of preventing the harm, the information disclosed should be restricted to what that person needs to know to prevent the harm and should be made on an explicitly confidential basis. Making a record of the decision-making process and why it is considered that the balance of public interests favours disclosure is considered good practice here. This might include any professional and legal guidance sought to inform the decision where the circumstances permit this. A record of when it was disclosed, to whom, what has been disclosed, how the disclosure was made and the reasons for the disclosure is also considered good practice (marginal decisions to preserve confidentiality on the balance of public interest are probably also best recorded.)
4. The prevention and detection of serious crime. There is no authoritative definition of serious crime that would justify breach of confidence. The Department of Health guidelines (2010: 9) suggest that this category would include murder, manslaughter, rape, treason, kidnapping, child abuse and other cases where individuals have suffered serious harm. It probably also includes harm to state security, public order and substantial financial crimes. It would not usually include theft, fraud and damage to property where the losses are less substantial.

Legal obligations to disclose confidences

The legal obligations to disclose confidences are:

1. *Court orders*: a counsellor can be ordered to appear as a witness or to provide all records concerning named clients to a court (called a *subpoena duces tecum* – an order to 'attend and bring the documents with you'). This is a formal order and should not be confused with requests for information from a solicitor, which can be refused. Solicitors tend to send out standard letters requesting 'all notes and records', but they may accept an offer from the therapist of a report instead. This might obviate the need to provide all the records and is a commonly accepted practice by psychologists and psychiatrists. If a report and/or notes are refused, a solicitor may seek a court order where necessary. For further guidance, see Bond and Sandhu, *Therapists in Court: Providing Evidence and Supporting Witnesses* (2005).
2. *Statutory obligations*:
    i. *Terrorism*: there is general duty to report information that assists in the detection or prevention of terrorism and it is a separate offence known as 'tipping off' to give anyone information about the disclosure that might interfere with an investigation (Terrorism Act 2000).
    ii. *Child protection*: counsellors working in statutory services, such as health, children's services and education, may be required to provide information to authorities responsible for the prevention and detection of child abuse. Some counsellors working in non-statutory services may be required to make disclosures through their contract of employment. The level of difficulty encountered by any single professional adequately assessing the degree of risk to a child creates a strong ethical case for conforming to legal obligations under the Children Act of 1989 and 2004 and voluntary cooperation where there is no strict legal obligation to do so. For guidance, see *Working Together to Safeguard Children* (HM Government, 2026). Following child abuse scandals involving the DJ Jimmy Savile, the entertainer Rolf Harris and the publicist Max Clifford, there

are likely to be proposals to revise the law on child protection and revised guidance, although at the time of writing the legal position remains the same.

Child protection and confidentiality

Child protection cases can be both ethically and personally challenging for counsellors. Good counselling practice shows respect for clients' control and authority over their lives in contrast to their experiences of being abused. Where we are working with adults recalling abuse, counsellors can usually respect their wishes about whether they want to report the person who assaulted them. The victim has the choice about whether to report a crime. However, if the adult discloses the identity of the abuser and that they believe that person has access to other children or may be abusing them, then the counsellor may be faced with an acute ethical dilemma. There has been increased pressure on counsellors to report instances of historical abuse (abuse that has allegedly occurred sometime in the past), even when the name of the abuser is not immediately known. The counsellor is faced with a choice between conflicting ethical obligations to respecting client autonomy and confidentiality or acting to protect other children from abuse. It is common for abused clients to be reluctant to become involved in reporting their abuser even to protect others. They have been intimidated and often bullied into submission or groomed with presents and 'being special'. A combination of fear of the abuser and shame is a powerful cocktail that can create a desperate desire for confidentiality. On the other hand, the counsellor may feel an ethical duty (often a legal duty depending on the setting) to act to protect other potential victims.

Pause for reflection 9.2

\a Child protection

Can you consider any instances for maintaining client confidentiality where child protection concerns are raised, for example in the event of suspected historical abuse? Or should concerns always be communicated regardless of the client's position?

Perspectives from practice 9.2

\a Frank

Frank is a young adult who is talking about the impact of having been abused by his step-father. He does not want his step-father to be prosecuted and asks for his confidences to be protected. However, he reveals that his step-father is now living with a younger half-brother, Alfie. He thinks that Alfie is not at risk of abuse by his step-father – but is not sure. Frank feels strongly that he wants his confidences protected. What should his counsellor do – keep his confidences or report abuse for each of these situations to an agency that could investigate and, if necessary, intervene?

Contractual obligations to disclose confidential information

A breach of confidence would not be justified simply because it was required by a contract of employment. The Law Commission on *Breach of Confidence* (1981) considered a situation that was relevant to counsellors:

A doctor or a psychologist employed in industry is faced with the demand by his employer for the disclosure of medical records relating to other employees of the firm who have

> frankly discussed their personal problems with him on a confidential basis and without any express or implied understanding that the information would be made available to the employer.
>
> Assuming that no question of the public interest is involved (as it might be, for instance, if the health or safety of other employees was at stake), we think that the doctor or psychologist must preserve the confidences of those who confide in him. Of course, if he only accepts the confidence on the express or implied understanding that, pursuant to his contractual duty, he may disclose the information to the employer, this would constitute a limitation on the scope of the obligation of confidence to which he is subject.

This guidance requires the counsellor to have sought the client's consent to disclosures that are not a statutory requirement or can be justified on the balance of public interest. Failing to do so places counsellors in a 'Catch-22' situation where they are forced to choose between breaching an obligation of confidentiality or their contract of employment. Whichever way is chosen, this is likely to incur legal penalties and may also result in professional conduct proceedings. Planning ahead to meet all one's legal obligations by ensuring overall compatibility between them and also ensuring that clients are adequately informed about the terms on which counselling is being offered is the only way to avoid these legal difficulties. The employer should be made aware of the deterrent impact of restrictions to confidentiality and the ethical significance of confidentiality in counselling so that all restrictions are purposeful and kept to a minimum.

Suicidal clients

In UK law there is no general duty to report suicidal risk or serious self-harm concerning adults. There is a long tradition that any adult may refuse treatment for physical illness for good reasons, irrational

reasons, or no reasons. A counsellor is legally obliged to respect the wishes of an adult client with mental capacity who is contemplating suicide and actively forbids the counsellor to seek additional help. Public policy in favour of reducing levels of suicide would justify the counsellor in using all their powers of persuasion to avert the suicide or to obtain permission to get additional help. Where mental illness is suspected, it may be appropriate to consult the client's GP (if known), social services or a psychiatric service to see if the client meets the requirements for a compulsory admission to hospital for assessment or treatment under mental health legislation. Where counsellors are working in some statutory services or on behalf of public bodies, there may be a duty of care to take reasonable steps to prevent suicide, particularly in residential settings, or it may be included as a duty in the contract of employment. Knowing your agency requirements and making compatible agreements with clients are the best ways of managing legal requirements and any constraints on confidentiality associated with suicide and self-harm (Reeves, 2010, 2015). (See Chapter 7 for a further discussion.)

Where the method of suicide risks serious physical harm to others, for example by jumping off a bridge into traffic or jumping off a building over pedestrians, the balance of public interests would usually favour breach of confidence if the risk is real and imminent.

Children and young people

The law relating to young people under the age of 18 with life-threatening conditions is more protective of their ongoing survival than that of adults as a matter of public policy. There is a presumption in common law that favours enabling young people to reach adulthood. The balance of public interest (see above) would probably favour breach of confidence to obtain advice or services where there is an imminent risk of suicide or death due to self-harm, especially if there is no other reasonable way of preventing it. Depending on the availability of local services, it may be possible to obtain advice from children's services, child and adolescent mental

health units, or voluntary organizations specializing in supporting young people. The practical difficulty facing anyone seeking help and advice is the comparative shortage of services to protect young people from self-harm in contrast to the growth of services to protect young people from abuse and neglect by their carers and others. The imposition of treatment against a valid refusal of consent by a young person or someone with parental responsibility would require either legal authority from mental health legislation or an order from the High Court.

Does the client have a duty of confidentiality?

It is a common question about whether a client is bound to keep everything that happens in the counselling confidential. Two arguments in favour of expecting clients to observe strict confidentiality are usually offered. First, total secrecy helps to set a boundary between the counselling and the rest of the client's life. The existence of this boundary may increase the intensity of the personal experience of counselling and therefore its effectiveness. It may also prevent interference from partners and friends. Second, counsellors may be quite disclosing about themselves during counselling. This is an issue of particular importance for the users of the person-centred approach and related methods that require a counsellor to be self-revealing.

Although these are strong arguments, the adverse effects of attempting to impose confidentiality on a client may counter them. First, on ethical grounds, it would be limiting the client's control of the outcome of the counselling and would be difficult to enforce without undermining the counselling by putting the counsellor in the conflicting roles of counsellor and enforcer. Second, the issue of confidentiality is complex enough for the counsellor without the need to develop parallel standards for the client. Third, most clients have considerable emotional barriers against seeking counselling because of the necessity of acknowledging their own neediness. To impose confidentiality on clients could increase these personal barriers

because of a widespread cultural tendency to associate secrecy with shame. Therefore, a general principle of client secrecy seems inappropriate.

Occasionally, it may be appropriate for the counsellor to say something in confidence to a client. Usually this would be because the counsellor is about to say something which is personally sensitive about themself and wishes to retain control of whom they inform. For example, a counsellor with relevant personal experience who is working with a sexually abused client may wish to say something about their own experience of being sexually abused and how they overcame it. The counsellor needs to be aware that any attempt to enforce confidentiality on the client would raise the ethical difficulties already mentioned. Therefore, counsellors do sometimes have to accept that some clients might break confidences and counsellors are unlikely to be able to do much about it. Both client and counsellor take a risk in confiding in each other. Observance of ethical guidelines by counsellors minimizes the risk to clients but counsellors are not protected in the same way. Counsellors need to assess which clients to confide in and recognize that there is some unavoidable risk of that confidence being broken.

In childcare cases, the family court can make orders about the retention and confidentiality of documents in the case, which might include therapy reports and records. This power may also apply in some circumstances to certain criminal cases where confidentiality is necessary in the public interest.

Pause for reflection 9.3

\a Client confidentiality

Do you ask your clients to keep the session contents confidential? What are the implications of this from your experience in practice?

Collaboration between professionals

Counsellors are increasingly working in teams or agencies with other counsellors, or in settings like primary care or education where collaboration between professionals with different functions is considered desirable or necessary. Where information is shared on a strictly confidential basis within the boundaries of a team, clients may benefit from:

minimizing the repetition of what may be a painful history or event being told repeatedly to each member of the team;

better coordination between the people delivering services;

greater opportunities for service providers to pool knowledge and expertise and enhance the quality of service offered;

the opportunity to be involved in decisions about which information is shared and with whom. Clients may be deprived of this opportunity where exchanges of information are informal or *ad hoc*, and thus outside their awareness.

Developments in new technology have extended the possibilities for consultations and discussions between staff and for data-sharing, particularly of computerized records. In 1997 the Caldicott Committee produced a report which recommended six principles for information-sharing in the NHS and between the NHS and non-NHS organizations. The six Caldicott principles are:

1. Justify the purpose(s) for using confidential information.
2. Only use when absolutely necessary.
3. Use the minimum that is required.
4. Access should be on a strict need-to-know basis.
5. Everyone must understand his or her responsibilities.
6. Understand and comply with the law.

The personally sensitive nature of information disclosed in counselling suggests that clients should know what is being shared and with whom and for what purpose, and then have the opportunity to consent to this.

This principle of respecting client autonomy by putting them in control of what is communicated about them should arguably also be applied to information-sharing to conform to professional standards, such as ongoing and regular counselling supervision or seeking a client's consent to be presented for training purposes.

There has been one inquiry which considered the responsibility of counsellors working in healthcare teams. This concerned Anthony Smith, who murdered his mother and step-brother while suffering from paranoid schizophrenic delusions. An inquiry into his care was commissioned by Southern Derbyshire Health Authority and Derbyshire County Council (SDHA, 1996). Prior to this tragedy, he had been receiving counselling in his GP's practice and a range of community- and hospital-based psychiatric services. The report considered many different aspects of his treatment and made many recommendations that extended well beyond counselling. Regarding counselling, the report was critical of the caution with which counsellors managed confidentiality. It argued that there ought to be an ethical obligation to breach confidentiality to the extent of having confidential discussions with other members of the clinical team where the counsellor suspects that a client is becoming seriously mentally ill and poses a threat to themself or others. It also recommended that counsellors should be trained in the recognition of mental illness. These recommendations undoubtedly deserve serious consideration when developing agency policy and implementation in ways that are compatible with the Caldicott principles that were published a year later. The general principle that there should be clarity about management of confidentiality and communications between team members is one that merits wide support.

Pause for reflection 9.4

\a Managing confidentiality

What perspective do you hold with respect to the management of confidentiality, beyond those instances where breaching confidentiality is a legal requirement? Does your approach support the possibility of multidisciplinary working, or inhibit it, and what are the consequences of this for your clients?

Penalties for breach of confidence

The remedies and penalties applied indicate the level of seriousness with which courts view breaches of confidence. The court may issue orders (i.e. injunctions) to prevent a proposed disclosure of confidential information. These only work where the person affected has prior notice of an intention to breach confidence. After a breach of confidence has taken place, the court may award damages and this is the most likely outcome, especially if the client is fee-paying. The damages may be substantial if it can be shown that there was damage to social reputation, severe injury to feelings, job loss, reduced prospects of promotion or other losses. Damages may be awarded even if the client has not suffered any economic loss because there may be no better way of acknowledging the harm that has been done. Imprisonment is also a possible outcome. A judge has speculated that imprisonment would be an appropriate penalty for a health worker who leaked the names of doctors with AIDS to the press (*X v Y*, 1988).

Alternative ways for clients to resolve breaches of confidentiality are to seek a Data Protection Compliance Order (or equivalent in other countries where available) if the professional is a data controller, which would usually be the case if the counsellor (alone or jointly)

determines the purposes for which the data are processed. A client may also bring a complaint against a counsellor to an employer or any professional body to which that counsellor belongs.

Conclusion

Although the law of confidentiality in the UK and elsewhere is complex, it is usually compatible with ethical practice by counsellors. Confidentiality is a high ethical and practical priority to avoid deterring clients from taking up counselling and to create the conditions that make counselling effective. However, confidentiality is a secondary requirement to make primary ethical concerns possible, such as respecting client autonomy, fidelity or honouring trust and doing good and avoiding harm. When understood in this way, confidentiality is not an end in itself, and nor should it be the primary ethical principle to guide all actions.

There are some situations where offering total confidentiality would compromise the integrity of the counsellor. Counsellors may find themselves faced with difficult ethical decisions to protect their own integrity and that of counselling. Where does integrity lie if a client insists on the counsellor respecting their autonomy by maintaining confidentiality to enable them to violate someone else's autonomy by causing them serious harm or committing a serious crime against them? Similarly, ought clients to be able to insist that a counsellor remains trustworthy by protecting their confidences when a client is being seriously untrustworthy to others by exposing them to serious harm? The law goes a long way to protect confidentiality and establishes criteria by which a counsellor would be expected to justify any breaches of confidentiality. In most situations, it ought to be possible to find a way to reconcile law and ethics.

10 Counselling in virtual spaces

Chapter overview

This chapter reviews the ethical implications of the use of digital technologies in counselling and as a counsellor more generally, and the distinctive ethical benefits and challenges involved. Issues including security, educating clients, relationship boundaries and working across legal jurisdictions are considered.

Key words

internet, digital, hyperspace, online, email, social forums, technological competence, jurisdiction

The use of digital technology and online communications has transformed the living and social environment over the last 40 years for everyone who has access to it. People have witnessed a revolution in the speed of communication, with letters replaced by email, expensive international phone calls replaced by a variety of video conferencing software, mobile-based apps and a proliferation of different applications of social media such as X, LinkedIn, Facebook, Instagram, TikTok and so on.

While there has been a slow but steady recognition of the value of technology as a mechanism for facilitating therapeutic relationships over the years, the Covid-19 pandemic of 2020 and the world lockdown during the crisis prompted large numbers of counsellors to embrace the technologies, as face-to-face work became impossible.

During that period, simply put, they faced either having to make the shift to online work, or not being able to see clients at all, with the obvious detriment to many thousands of clients already engaged in therapy, as well as the financial implications for counsellors, particularly those working in private practice and the third sector, where the subsequent financial crisis hit particularly hard. Since the ending of the pandemic many counsellors have continued to work either exclusively online, or embraced a more 'hybrid' approach with some work online and other work face-to-face. Additionally, the last few years have seen the emergence of artificial intelligence (AI). Initially considered an interesting but peripheral development, at the time of writing there are real anxieties about it having the potential to replace much of what counsellors do in the room. Conversely however, AI also offers the capacity to do mainstream and repetitive tasks more efficiently, as well as being an invaluable tool for resource and some content production.

By way of illustration of this last point, we invited ChatGPT – one of the main AI platforms – to write 100 words describing the risks and benefits of AI to counselling. It produced the text generated below in 2 seconds:

> Artificial intelligence presents both opportunities and challenges for counsellors in the UK. On the positive side, AI can support practice by streamlining administration, improving access to resources, and offering tools for assessment, supervision, and reflective practice. It may enhance efficiency and widen access to psychological support through digital platforms. However, significant risks remain: concerns about confidentiality, data protection, bias in algorithms, and the potential erosion of the human relationship central to therapy. Counsellors must critically evaluate how AI is used, ensuring technology enhances—not replaces—the empathy, ethical judgment, and relational depth that define effective counselling practice.

New technology continues to erode, with its own rapid developments, the significance of national boundaries by making international communication so much easier, and thus changing the context in which lives are lived locally. Distance is no longer the barrier to communications between people that it once was. The virtual world is not an add-on but is increasingly experienced as integral to relational communication. The distinction between the virtual and the real world of face-to-face interaction no longer exists for many people. Emotional wellbeing and identities are being transformed by interactions online, for good or bad. It also appears that ideas about public and private space appear to be shifting across generations as so much of other people's lives is made visible digitally.

These changes provide a combination of challenges and opportunities for counsellors. There is accumulating evidence from online counselling services that the new media make it possible to access sections of the community that were previously hard to reach, through a plethora of online mental health self-support packages in the guise of websites and smartphone apps. Extending the reach of services designed to promote mental wellbeing is highly desirable ethically in terms of enhancing the capacity to do good. Providing services to hard-to-reach groups, particularly those with significant issues and challenges in their lives, enhances our ability to satisfy the principle of justice. As with any new development, particularly on this scale and developing so rapidly, there are substantial ethical challenges.

Pause for reflection 10.1

\a Use of technology

What informs your choices about how you do – or don't – integrate technology in your counselling practice? What else would you add to the risks and benefits that ChatGPT produced above?

Counsellors' concerns about working online

Digital technology is in a constant state of change development. To be static is to be superseded in the digital world. Developments triggered by the Covid-19 pandemic have meant that technological innovation has been taking place at great speed, and some platforms considered appropriate for counselling became embroiled in concerns about security. Horror stories were recounted of online training being hacked, with participants being witness to distressing images of pornography. Likewise, however, such accounts further supported the call for greater security; major platform providers realized that security with accessibility was the new requirement, with security updates and platform enhancements being issued on a near-daily basis. The new world order called for proficiency in technology, in delivering therapy via a remote mechanism, and for counsellors to learn it all overnight.

The internet, digital technology and AI cannot be ignored in contemporary counselling practice in developed economies. They have become the medium for routine communications between people. There will be few counsellors – and these in declining numbers – who do not use the internet for some aspects of their work with clients. Online, however, does not represent just one way of working, as there are a number of ways of working virtually. These include:

Online synchronous services: live video counselling sessions, live chat rooms and social forums, and *Second Life*, in which both client and counsellor are represented by avatars.

Online asynchronous services: counselling by email correspondence or any method of communication on social media that involves a time delay between sending and responding to messages.

Administrative and professional support for counselling services: setting up and managing appointments, organizing routine communications and monitoring client progress or take-up of services.

The provision of supplementary information and self-help activities: self-assessment forms, links to other related services, online guidance.

The use of online social forums: where users can post messages to which other users can respond in ways that often have parallels with traditional groupwork in terms of sharing experiences and offering mutual support.

The use of apps on smartphones: for clients to log their sleep, changes in mood, energy levels and other features of their emotional lives rather than rely on memory alone.

Artificial Intelligence: which can include the routine management of daily tasks, such as summarizing research and reports, a research assistant and a new provider of continuing professional development through curated content. Additionally, an increasing number of AI platforms – either standalone or embedded within existing technologies –claim to offer counselling through the virtual space.

Each of these services raises distinctive ethical challenges to which can be added the ethics of managing the technological basis of the work and the distinctive legal issues.

Social justice in context 10.1

From a social justice perspective, there are advantages and disadvantages of working online. Providing counselling online offers an opportunity for a greater choice of counsellor as the

client is not limited by geographical location. Likewise, the costs of travel to counselling, which for some might be prohibitive, cease to be a consideration. Additionally, it has been argued that online counselling might be a better match for some clients who would otherwise not walk through the door of a counselling agency (e.g. those with certain mental health problems). Conversely, however, online counselling requires a safe space at a client's home where counselling can take place in privacy, which might be particularly challenging for clients experiencing violence in the home setting for example, as well as the costs of a fast-enough internet connection and equipment to run the apps required to connect to a counsellor.

Digital interaction between counsellors and clients

In the following section we review the ethical implications of online counselling.

From face-to-face to online counselling

The move to significantly greater use of online services demands careful reconsideration of the ethical guidance offered, which has typically been developed in the context of face-to-face work being dominant. We need to take each ethical principle in turn.

Being trustworthy

With clients and colleagues online, this is every bit as important as it would be in face-to-face communications. Working online creates opportunities to use web-based applications that enable counsellors to create and exchange content with each other and with the public through blogs, professional internet forums, content communities (such as YouTube) and social networking sites (such as Facebook, Instagram, TikTok and LinkedIn) and AI. How you present yourself

online will influence your client's perceptions of your integrity and trustworthiness and may also have implications for their perceptions of other members of counselling and related professions. Many practitioners have talked of the potential for clients to disguise their identity or location in ways that would not be professionally acceptable for the counsellor providing the service to do. What is striking about searching online services is how many of them provide the identity of counsellors and information about their professional background and qualifications with a photograph. The accuracy and integrity of this information are probably better protected online because that information is so public and, therefore, so easily questioned or challenged. Nonetheless, it is the ethical responsibility of the counsellor to ensure their accuracy. It is also for the counsellor to take reasonable steps to be trustworthy as this is within their direct control, but no one can guarantee that they will be trusted as this depends on the responses of others.

One potential source of mistrust that requires active attention is the responsibility to make any conflicts of interest transparent to potential users – for example, any sponsorship of websites should be made clear – and if not obvious, then openly declared. Being compliant with data protection requirements is a key component for professional integrity. This includes registration with the Information Commissioner's Office and data protection and GDPR requirements concerning the safeguarding of personally sensitive information. For further details of the legal requirements see Mitchels and Bond (2021) *Confidentiality & Record Keeping in Counselling & Psychotherapy*.

Respect for client autonomy

The speed of many internet-based communications means that it is extraordinarily easy to move from enquiry to direct service provision, but this does not override the importance of ensuring that a client is making informed choices or that the terms on which the service is being provided are clarified and agreed before the work commences or the client incurs liability. There are many good examples of

websites prepared by individuals and organizations that provide essential information about the types of service available, any fees to be charged and the management of security and confidentiality (any limitations to confidentiality and any other significant terms or conditions). The BACP (2025a) advises that websites ought to include privacy policy pages which explain how personal data are processed and stored, the security measures being used and the circumstances under which those data would be disclosed or shared and with whom. For certainty, current best practice and legal position can be checked at the Information Commissioner's Office website (https://ico.org.uk). Clear contracting is as important online as it would be face to face. The parallels between contracting around synchronous sessions online and in the physical world are obvious. More thought is required about asynchronous communications like email (e.g. about agreeing the time limits for the counsellor to reply and how any charges for reading and replying to emails will apply).

Two aspects of counselling ethics are important strategies for protecting client autonomy. These relate to the management of confidential information about clients and the management of dual or multiple relationships. The challenge for confidentiality and privacy is that information online, unless adequately protected, is much more widely available than physically based information. It has potentially unlimited circulation, is easily found by electronic searches and is extraordinarily difficult or impossible to remove from cyberspace. Again, the counsellor is ethically responsible for the adequate security of their technology and for providing information to clients about how to adequately protect their privacy and confidentiality online. Clients are vulnerable to having their communications intercepted, observed or interfered with unless they take adequate precautions. Their use of work computers, internet cafés or public Wi-Fi compromises their security. Some practitioners provide links to websites that advise on how to manage search histories, adjust privacy settings or other issues that enhance client safety. Increasingly counsellors are making use of virtual private networks (VPN), which is a secure connection that encrypts internet traffic and routes it through a remote server, protecting privacy and data from

tracking or interception. While this does not provide certainty around online protection, it does offer – relatively cheaply (and sometimes at no cost) – an additional layer of security.

The management of dual and multiple relationships in ways that are consistent with the purpose of counselling is as important online as in real life, as risks can arise in both directions. There is nothing to stop clients searching for online information about their counsellors, and nor would it be reasonable to attempt to prevent this and frustrate one of the strengths of the new media, which is their transparency and ease of accessibility to all. However, this ought not to prevent counsellors having an online personal life that is independent of their work. Two main strategies are currently widely used to ensure a counsellor's separation of personal and professional online presence: the first is being attentive to the privacy settings of any social media used for personal reasons, and for some the use of a different online identity for personal communications; the second is establishing clear expectations around whether or not a counsellor will accept invitations to be a 'friend' on sites like Instagram etc., and what will happen should counsellor and client accidentally encounter each other online outside the counselling relationship. Other potential complications arising from client behaviour online can include:

clients posting communications between themselves and counsellors online;

clients posting comments on their counsellor's website or blog (probably a more sensitive issue if the remarks are negative or critical).

BACP's *Ethical Framework* (2026: 1.3d) clearly states that members should 'ensure there is a clear boundary between our personal and professional social media, digital accounts and ensure public communications, whether personal or professional, reflect the ethical principles set out in this Ethical Framework'.

Doing good and avoiding harm

Many of the strategies involved in being trustworthy and respecting client autonomy will also help to maximize the good and minimize the harm. The major positive contribution made by working online is the increased accessibility of services to people who might find face-to-face work too intimidating or unappealing. For others, online services avoid travelling for counselling, which can be a major obstacle because of the distance, cost, or the physical demands of travelling. The significant harms that can arise from working online relate to the potential for fraud and the potential ease for some people to provide services of inadequate quality. Registration, membership of professional bodies and quality assurance schemes are possibly even more necessary online than would be the case with face-to-face work.

Experience of offering online services is generally positive. It does appear to be just as possible to form therapeutic alliances with clients as it would be in face-to-face working. However, most experienced counsellors recommend undertaking an initial assessment of clients to ensure their suitability for online work. It is widely considered that people with moderate to severe mental health problems involving psychosis are unsuitable for online counselling. People with alcohol- or drug-related problems may also be better counselled face to face as levels of intoxication are more easily and reliably assessed by direct observation. For many neurodivergent people, online counselling can present certain challenges, such as managing sensory sensitivities or navigating the subtleties of digital communication. Yet, it also holds significant potential, offering a sense of safety, autonomy and adaptability that can enhance engagement and therapeutic connection.

Responding to clients in crisis during or between online sessions can be more challenging, particularly when there is considerable geographical distance between counsellor and client. The counsellor is unlikely to know what local services might be available even if the location of the client has been accurately disclosed.

Justice

Justice involves fair distribution of the available resources and is never more important than when demand exceeds supply. This is particularly relevant to mental health and wellbeing services where all people experience fluctuations of mood throughout their life, and a significant minority will experience diagnosable mental illness. Online counselling increases the potential for responding to these situations with the least intrusive intervention that is appropriate to clients' needs. Such stepped care means that available counselling resources can be provided as efficiently as possible, thereby maximizing their reach to as many people as possible.

Self-respect

One of the consequences of working online is that many more of the communications between counsellor and client are recorded in one format or another, and are therefore more available for systematic reflection than in ordinary face-to-face work. Many of these challenges are identical to providing counselling offline but with an additional technological twist. Counsellors working for extended periods sitting in front of monitors may want to take adequate precautions to protect their physical health and wellbeing by ensuring adequate breaks and appropriate postural support.

Online administrative and professional support for counselling services

Security is as important for support services as it would be for the direct service to clients. Without adequate protection they are potentially vulnerable to unauthorized intrusion or corruption by electronic viruses and malware. Most of these services will require registration with the Information Commissioner's Office, which provides a useful self-assessment tool within their 'frequently asked questions for enquirers' to check whether registration is necessary.

Transcription of sessions and all other hard copy records require the same level of security as records for face-to-face counselling.

The provision of supplementary information and self-help activities

Many clients seek their own guidance and information online, which is their right to do so and undertaken at their own risk. Counsellors, however, need to take care when providing and recommending self-help information to clients to ensure it is safe and appropriate. There is an ethical responsibility on the person who posts self-help guidance to ensure that this is up to date and of adequate quality. In his useful appraisal of internet self-help, Stewart (2014) provided a set of criteria for measuring website quality, including:

Accountability by the use of the Silberg Scale, which includes whether authors and affiliations are identified, if sources and references have been given, the disclosure of website ownership, sponsorship or advertising and up-to-dateness/currency by the disclosure of modification dates. Level of evidence may be determined by the extent to which the help conforms to evidence-based practice.

Readability can be assessed by a number of internet-based tools, including the Flesch–Kincaid Grade Level score which relates to USA school grades so that the lower the score the greater the ease of reading. Personally, we prefer the SMOG (‘Simple Measure of Gobbledygook’) readability test widely used in adult education, but there are many others available online.

Quality of information about intervention choice, which can be assessed by six questions from Brief DISCERN that can be found on the internet.

Generosity assessed by willingness to give away resources for free.

These criteria can be used systematically in research to produce quantifiable comparative ratings of internet-based self-help, or less precisely to help identify the issues to consider when assessing the quality of potential self-help. The ultimate test is the client experience, and there is some evidence that 'guided' self-help supported by a practitioner is more effective than self-help alone (Gellatly et al., 2007).

The use of online social forums

There are two major ethical considerations in providing forums for clients and the first relates to client security and respect for their confidentiality and privacy. BACP (2025a) recommends that forum communications should be password protected, that any supplementary email communications to forum users ought not to be identifiable as being from the counsellor or the service provider, and that service users' identities ought to be hidden from other users, possibly by the use of a preferred username.

Best practice suggests that interactions between users on the forum should be supported by house rules designed to create positive norms. Togetherall (https://togetherall.com/en-gb/house-rules, formerly the Big White Wall) offers a number of positive guidelines for behaviour on the forum. To summarize, they include:

taking responsibility for one's safety;

protecting one's anonymity;

asking for support;

reporting any concerns about abusive behaviour or the safety of others, including the risk of self-harm;

being oneself.

The norms prohibit:

SHOUTing (the use of capital letters is considered the equivalent to shouting on the internet), bullying, abusing others or acting illegally;

acting in sexually inappropriate ways or posting pornography;

impersonating others, whether real or fictional people;

impersonating people with responsibility for the services.

The use of moderators (people who monitor postings for appropriateness) suggests that offering a forum to the public is a substantial commitment and ought not to be undertaken lightly, and is almost certainly not suitable for counsellors working alone or without the possibility of sharing responsibility for moderating a forum.

Technological competence

Ensuring a reliable and safe platform is a very basic ethical requirement. An unreliable platform for delivering counselling services is deeply frustrating for clients and often every bit as frustrating as having an unreliable or erratic counsellor. The disruption to therapeutic work is identical. This means that counsellors working online ought to consider their training needs to manage and communicate effectively within their chosen media. It is also advisable to have either arranged specialist technical support,

bound by a contractual commitment to confidentiality, or to subscribe to one of the growing number of secure counselling platforms.

There is always a choice to be made between accessibility to clients and the security of communications. Practitioners hold divided views about the suitability of video conferencing platforms for communicating with clients, such as Zoom, Microsoft Teams or similar providers. The concern is the uncertain security of such sites. Furthermore, a lot of contextual information can be embedded in photographs, such as location and date. Even deleted material can be recovered. Once material is posted online it takes on a life of its own and on occasions personal information has attracted the attention of the media, been used against employees, or deployed by clients to stalk their counsellors.

There is a strong ethical responsibility for any provider of counselling services online to ensure that these services are managed competently and with sufficient security to meet their clients' needs and their professional ethical requirements.

Jurisdiction and legal issues

Although the internet has made it very easy to cross national boundaries, this opportunity has created several legal uncertainties and raised other issues. Working online as a UK counsellor with clients based overseas presents a complex set of professional, ethical and legal challenges. Each country operates under its own regulatory framework, and what is considered acceptable practice within the UK may fall outside the law elsewhere. This raises important questions around professional accountability and competence to practise across jurisdictions. Data protection is another area of concern: once client information crosses national borders, it may no longer be safeguarded under UK GDPR standards, creating potential vulnerabilities around confidentiality. Additionally, practical issues, such as time zones, cultural differences and the absence of clear local emergency procedures can compromise client safety and practitioner responsibility. Without

explicit agreements, appropriate insurance and a sound understanding of international practice standards, counsellors risk operating beyond the boundaries of their professional remit and ethical duty of care:

> When working across national boundaries, there are potentially two legal systems in play (i.e. the counsellor's and the client's). Each may have different legal requirements, so which system applies? This is a troublesome problem shared by all commercial work across national boundaries. There are ongoing attempts to resolve this issue for contracts that operate within Europe. There is no wholly reliable way of controlling the risks of working across different legal jurisdictions, so one widely used solution is to include within the contract an explicit statement that the contract is compliant with the laws of England and Wales, for example, and that any disputes will be resolved by the High Courts in London.
>
> Offering online counselling services to areas where the counselling profession is regulated by national or state law may be illegal. Typically, the legislation that regulates counselling will do so by forbidding the use of a specific professional title by anyone who is not registered within that country or state. This is particularly significant in the USA where counselling is now a regulated profession in all but a very few states. Some counsellors are sufficiently concerned about this legal risk that they have either renamed their services to avoid infringing any protection of title (e.g. by using 'guidance' rather than 'counselling') or refused to take clients who reside in the USA or anywhere else where there is statutory regulation.
>
> Professional indemnity insurance may include working online within the same territory; it does not automatically cover working internationally online. It is important to check with your insurance provider to obtain a suitable policy. Even if your contract states that any legal disputes will be resolved according to the law

applicable to the counsellor's location, this would probably only apply to contractual disputes. Contractual agreements cannot usually prevent clients from starting actions for civil wrongs (torts), such as negligence, in their own country. In some cases this may not only be easier to bring a successful case but also may lead to a larger award of damages than would be available in the counsellor's country. Adequate insurance helps to manage this risk.

Careful thought needs to be given in advance to how you will respond to requests from clients for access to their records or for legal orders to disclose records to courts or the authorities in other countries. In most jurisdictions, clients are legally entitled to access any records kept specifically about them. Disclosure of records both to clients and the authorities is a matter that is best included within the client contract (Chapter 15).

Ethics, counselling and the development of artificial intelligence

In recent years, artificial intelligence (AI) has become increasingly integrated into the fields of psychology and counselling, marking a significant shift in how psychological knowledge is applied and accessed. AI-driven technologies now assist in a wide range of activities, from screening and assessment tools that analyse patterns in speech, writing, or physiological data, to online mental health platforms offering automated conversational support. These systems draw on large datasets and machine learning to identify risk factors, predict behavioural outcomes and suggest potential interventions.

Within counselling, AI is being used experimentally to enhance administrative efficiency, provide clinical insights and support remote service delivery. While these innovations can expand access to psychological support and improve certain aspects of practice, they also introduce ethical and professional questions about accuracy, bias, accountability and the preservation of human connection. The

pace of AI development has often outstripped the establishment of clear ethical frameworks, requiring practitioners to engage critically and cautiously with emerging technologies. For counsellors, the challenge lies in understanding AI's potential without compromising the relational, human foundations of their work; ensuring that technological progress serves, rather than defines, the helping professions.

Clients may use chatbots or apps that claim to offer therapeutic conversations, while counsellors themselves may rely on AI-assisted tools for record keeping, case management, or even risk assessment. Although these technologies promise efficiency and accessibility, they also invite fundamental questions about what it means to practise ethically in a digital age.

Counselling is grounded in human relationship – in presence, empathy and the co-creation of meaning between counsellor and client. This relational foundation raises an essential ethical question: can AI, which operates through algorithms and data, replicate or replace the human aspects of therapeutic connection? While technology can mimic certain processes of dialogue or pattern recognition, it cannot engage in the emotional attunement, moral reasoning, or mutual vulnerability that define human helping relationships.

Within a frame of ethics counsellors must extend traditional principles into this new technological context. Confidentiality becomes more complex when client information may be stored or processed through digital systems. Autonomy requires that clients are informed about when and how AI is used in their care. Justice demands awareness of algorithmic bias and the potential for technology to reproduce social inequalities.

In practice, counsellors should ensure transparency around the use of AI tools, obtaining informed consent where appropriate. They should also reflect critically on the reliability, security and ownership of data generated through such systems. Ethical competence in the age of AI, therefore, involves not only understanding psychological

theory and relational practice, but also developing a working awareness of digital ethics and data governance.

Supervision and reflective practice remain central to managing these emerging dilemmas. However, there are dangers here too, with counsellors reported to be using AI more as virtual supervisors, occasionally replacing their human supervisor for an AI alternative. AI supervision raises several challenging concerns, including client confidentiality, counsellor confidentiality, consent and whether AI can truly understand a complex human encounter to provide meaningful and nuanced insight and challenge. Instead, counsellors should use supervisory contact with their human supervisors to explore uncertainties, challenge assumptions about technology and maintain focus on the relational and moral dimensions of their work.

Ultimately, while AI may change how counselling is delivered or supported, it should not change why it is offered. The core ethical commitment of counselling, to human wellbeing, autonomy and care, must remain the counsellor's guiding principle in an increasingly technological world.

Conclusion

In working in virtual spaces counsellors are called to be ever more intentional in how they hold ethical practice. The absence of physical co-presence does not diminish the depth of therapeutic work, but it does ask for heightened attention to boundaries, consent, confidentiality and the nuances of relationship. Ethical practice becomes not just a matter of what is done, but how it is experienced, by both client and practitioner, in a digital space. As the profession continues to adapt, we are reminded that ethics is not static but lived: a process we return to, rework and embody in each encounter. Online work, when grounded in reflection, supervision and relational care, offers the same potential for meaningful therapeutic connection as any other modality. It is in the quality of our presence, whether in-person or remote, that the ethical dimension of our work is most powerfully revealed.

11 Working within diversity

Chapter overview

In counselling practice, diversity is not an optional consideration – it lies at the heart of effective, ethical work. Every client's story is shaped by culture, identity and life experience, and as counsellors, our task is to approach this difference with openness, curiosity and humility. Recognizing and engaging with our diversity allows us to meet clients as they are, rather than as we expect them to be, fostering genuine understanding and meaningful therapeutic connection. It explores the obligation to be non-discriminatory as ethically necessary but insufficient. The chapter continues to examine the ethics of counselling across cultural differences before considering the importance of cultural competence.

Key words

diversity, difference, anti-discrimination, non-discrimination, tolerance, acceptance, culture, cultural competence

Is there a duty to counsel across differences between people?

When a counsellor is working with people who are significantly different from them, either in important characteristics or in social background, the therapeutic challenge involves being able to

understand the significance of understanding unfamiliar points of reference to make the imaginative leap into someone else's experience in ways that are meaningful to them. This imaginative leap needs to be adequately supported by knowledge that makes real communication possible across differences. In situating this work, however, it is important from the outset to re-visit our understanding of the term diversity and re-frame it in a way that is genuinely more inclusive. Within that context, and in this edition of the text, this chapter has been re-titled to *Working Within Diversity*, drawing directly on the work of Khan (2023), whose important and influential book of the same name helps us re-think our position as counsellors.

Khan (2023) observes that anti-oppressive practice – now recognized as an Ethical Principle within the 2026 BACP's *Ethical Framework* (BACP, 2026) – is too often treated as an additional layer to therapy rather than an integral part of it. The very language of working with diversity can unintentionally reinforce a normative stance, where the counsellor is positioned as the default point of reference and the client's experience is viewed through a lens of difference. In this framing, 'difference' resides solely with the client.

Khan's perspective on working within diversity, however, shifts this focus. It recognizes that both client and counsellor enter the therapeutic relationship shaped by their own histories, cultures, identities, social locations and ways of making sense of the world. The task then is not simply to acknowledge these differences, but to work with them – creatively, respectfully and collaboratively – so that the therapeutic space becomes one of mutual recognition and shared humanity. Likewise, BACP's *Equality, Diversity and Inclusion Strategy* (BACP, 2025c) is important in setting out six strategic goals:

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1. We will listen to, learn from and work with our members to inform the work of the Association
2. We will equip our members to be able to work in a fast-changing world, to be able to influence and contribute to the wellbeing of society
3. We will be the professional home of choice for members and communities of practice, providing relevant services and opportunities to learn, develop and inspire each other
4. We will further develop confidence in and credibility of the profession by developing and upholding professional and ethical standards, informed by an evidence base
5. We will campaign for the appropriate provision of counselling and psychotherapy for all members of society, and for opportunities for paid employment of our members. We will champion the skills, competence and contribution of our members to the public, employers, commissioners and policymakers
6. We will optimise the organisation of BACP to ensure it is flexible, responsive and capable of resourcing the vision and goals

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There are two major ethical hazards to be overcome in working across human differences, however. These hazards are probably intensified by our professional culture and assumptions as

counsellors. It is a characteristic of most approaches to counselling to focus attention on the individual and probably underestimate the significance of the community and social interactions for the client; the multi-faceted layers that shape and form each of our lives. One of the consequences of this is to be over-reliant on interpreting differences as characteristics of the individual client rather than their social background, community or culture; hence Khan's assertions about the challenges and difficulties of the concept of working with difference. In the context of a therapeutic relationship, it is often possible to pathologize difference as a dysfunctional aspect of a client's personality or their very sense of self, rather than recognize that difference may be situated in a lack of understanding and reflection. This is the hazard that arises from a too-individualistic approach to people that divorces them from their wider context.

An alternative but equally problematic response to difference between people is to focus on those differences as being characteristic of a wider community in ways that prevent the counsellor engaging with the client as an individual. The obvious examples of this occur where we find ourselves making sweeping statements about the characteristics of another ethnic, national or cultural group. This type of stereotyping can frustrate serious engagement with a client's experience, so that the client is left feeling misunderstood or disrespected. This may not be a counsellor's conscious intention, but the effect on the client is as potentially damaging whether it is conscious or unconscious. A more extreme version of blaming people for their differences is 'scapegoating'. The scapegoat is blamed for what is thought to be wrong with their community and punished (Cousins, 2019).

Social justice in context 11.1

Recent cases in the USA and elsewhere of institutional racial discrimination and racial violence towards the African American community, including the death of George Floyd in 2020 while being arrested, led to an international movement –

#BlackLivesMatter – and widespread protest and anger. The justified reflection that followed prompted many to question what they considered to be embedded racism in the form of monuments glorifying racist actions of the past, including the wealth garnered during the slave trade, and other aspects of racism that had become normalized in mainstream life. The tearing down of statues triggered a debate about the deconstruction of a culture based on racism, versus the importance of retaining them as a reminder of a racist past. Whatever the relative merits of each position, there was widespread acknowledgement of the importance of engaging with individual and societal reflection on how discriminatory behaviours and beliefs – in this instance around racism, but importantly applicable to all discriminatory behaviours – should be engaged with as a process of genuine, meaningful and sustained change.

The multi-cultural and multi-faith nature of society, an increased mobility of people between communities and around the world and the increasing connectedness through digital mechanisms means that counsellors are increasingly likely to be working with clients from unfamiliar backgrounds. The main ethical strategy for working with differences between people has been a prohibition on discrimination (Lago and Smith, 2010). We will consider the application of anti-discriminatory policies in counselling ethics before going on to look at the significance of ethical differences between communities and the ways that degrees of difference may require different strategies to make ethical counselling possible. The main definitions for social diversity are given below (Khan, 2023: 22):

> Equality: Where every person has equal rights and a fair chance. It is an approach where there is recognition that different people have different starting points.

Diversity: ‘Diverse’ means varied or different. We are all different from each other so diversity includes us all; the concept of working within diversity. This concept of diversity encompasses acceptance and respect. It means recognizing that each individual is unique and understanding the differences within that person’s background.

Inclusion: Where every person feels respected, valued and that they have a contribution to make.

Anti-Oppressive Practice: Explicitly acknowledges structural and systemic inequalities, systems of oppression and the entire power–oppression relational dynamic, whereby social groups are either powerful and privileged (relationally oppressing other groups) at one end of the spectrum or minoritized and marginalized (relationally oppressed by the dominant groups) at the other end of the spectrum. This supports an understanding of how each person is shaped by their lived experiences, by the underlying systemic and structural context of their lived experiences and which end of systems of oppression and power-oppression relational dynamics they experience.

The ethical concern to treat people equally and without discrimination is a characteristic of many contemporary societies. The social and political aims are to produce societies that are cohesive and resilient whilst encompassing sufficient diversity to be strongly connected to the rest of the world. Societies that are in conflict or civil war across differences within their communities pay a heavy price in quality of life and the wellbeing of their citizens. Consequently, many countries have adopted legally enforceable protections against discrimination and the law acts as a form of enforceable public morality. This means that counsellors are not unique in their concerns about the damage that discrimination inflicts on people’s wellbeing. Rather, these concerns are widely, if unevenly, shared within the communities and organizations in which counsellors work.

The Equality Act 2010 (applicable to England and Wales and adopted by Scotland) provides legal protection against discrimination for specified human characteristics, namely:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

These protected characteristics are now widely incorporated into the ethical requirements of most professions. Even where this is not the case, the law overrules professional ethics and commercial practice to protect people from discrimination.

The ethical question, which has challenged professional counselling associations, is whether the legally protected characteristics are sufficiently inclusive. For example, the UK Council for Psychotherapy extended in 2009 their commitment to non-discrimination beyond the legally protected categories to include colour, social, economic or immigration status, and lifestyle.

The potential characteristics that can provide discrimination are much wider than those currently covered by legal protection in the UK. Counsellors frequently see how experience of discrimination can

undermine someone's confidence or willingness to form relationships with people outside their 'social group'. This can then lead to significant ethical and therapeutic challenges in counselling. For example, in contemporary culture, money represents so much more than having enough to live on and is associated with success and social status. A client experiencing poverty may feel very apprehensive about how a seemingly wealthier counsellor can help them or respect them as people (Trott and Reeves, 2018). The counsellor needs the communication skills and empathy to overcome the social differences between them. Cultural competence is not only about having the knowledge and skills to negotiate major cultural differences but also those based on differences in sub-culture shared by counsellor and client.

Pause for reflection 11.1

\a Characteristics

What do you consider to be your 'defining characteristics' that would be important for another person to understand about you? What makes these characteristics important for you; how do you feel when these are acknowledged, or disregarded, by others?

Trust and ethical mindfulness

Perspectives from practice 11.1

\a Ed

Ed is streetwise and has learnt to survive with little money. He is seeking counselling for personal and relationship problems with Jessie that are made worse by poverty. He is finding it

hard to trust a counsellor who seems wealthier and more socially privileged than him. How ought his counsellor to respond to the social divide between them? What are her choices?

Most counsellors appear to accept a commitment to being non-discriminatory in their work with clients as a necessary feature of their work. Counselling involves setting aside personal interests to assist another person in what they need or want. Being non-discriminatory is therefore necessary but raises the question, ‘Is it sufficient?’ (Cousins, 2019). There is a qualitative difference in relationships based on tolerance from those based on acceptance. Tolerance accepts the right of people to be different but does not require active engagement. Acceptance, on the other hand, suggests a closer relationship based on respecting the validity of the other person’s differences. This means striving to understand both what matters to the other person in their own circumstances and how that relates to our own.

Counselling across difference between cultures

The wheel of human culture and history turns like a kaleidoscope and their interaction produces seemingly unlimited possibilities. Each encounter between people across cultural differences is like a detail in a shifting kaleidoscope of colour and patterns. It is the fluidity and complexity of this subject that makes writing about it in any way that does it justice so difficult. McLeod (1997) makes a distinction between traditional, modern and postmodern cultures and their essential characteristics, which can help in understanding the different ethical approaches adopted between cultures but that may also co-exist within cultures. Table 11.1 sets out some of the key characteristics of different cultures.

Table 11.1 Cultural characteristics

Characteristic	Traditional	Modern	Postmodern
Ethical focus	Family-focused, collective	Individualistic	Relational
Identity	Self is socially defined: importance of 'honour'	Autonomous, bounded self: importance of 'dignity'	Multi-faceted/split self: importance of quality of relationship
Faith	Belief in religion	Belief in science	Belief in social construction of knowledge
Moral stance	Moral certainty	Moral relativism	Search for moral framework
Moral purpose	Unchanging society	Commitment to progress	Avoidance of anarchy and chaos
Site of knowledge	Localized forms of political control	Nation state	'Global village'

Characteristic	Traditional	Modern	Postmodern
Typical work	Agricultural work	Industrial work	Information processing

Source: McLeod (1997)

Historically, the shift from traditional to modern cultures probably started in Europe in the early 18th century, with postmodern cultures co-existing with modernity from the late 20th century. In most European communities we can find evidence of the co-existence of these different cultural positions. For example, the conflicts between traditional Christians and tolerance of human differences in sexuality can be viewed as evidence of the transition from a traditional culture, based on long-established religious beliefs, to a late or postmodern tolerance of social diversity made possible by the processes of a modern nation state. These cultural differences are embedded within people's identities and sometimes explain why counselling strategies that are effective with some clients seem to fail so spectacularly with others.

An appreciation of cultural differences and their impact on identity explains why counselling, as developed within the European and North American traditions, often requires considerable modification to be useful within other cultures. Although examples of people reflecting on their own experience can be found before the 20th century, it is only in late modern and postmodern times that self-reflection and reflexivity (Giddens, 2023) became a primary purpose of some story narratives. Modern counselling practice is based upon valuing this type of reflexivity for finding meaning, healing and personal development. This is a culturally specific approach that struggles to meet the needs of many people from traditional cultures in Africa and Asia. In cultures that are more action-orientated or hierarchical there may be no tradition of using reflexivity. Authoritative or expert advice may be more greatly valued than being supported to think reflexively by a counsellor.

For example, some cultures may understand and express emotions through physical symptoms and, at least initially, show great reluctance to look beyond ill-defined aches and pains to talk about an emotional state of feeling dispirited or depressed. This reluctance may not be solely due to the cultural tools of language and concepts acquired within a particular culture but may also come from the ways in which culture shapes expectations about how people are positioned within society.

One size fits all in European ethics?

There appear to be distinctive cultural differences in how ethical issues affect the talking therapies in different parts of Europe. In northern Europe, and particularly the Scandinavian countries, some viewed the prioritization of respect for the individual that is characteristic of British ethics as quite problematic. In that region the ethical priority would be better characterized as social welfare (i.e. the good of the whole community took precedent over the individual). In southern Europe, the application of professional ethics pointed to a different prioritization.

In western Europe, it was possible to identify two closely related ethical systems. In one, the patient or client exercises considerable control over the selection of treatments and whether to have any treatment at all. For example, in the Netherlands someone who is seriously psychologically distressed can be compulsorily admitted to psychiatric hospital but retains the right to refuse both physical and psychiatric treatments. In the UK, someone with a comparable psychiatric disturbance could be compelled to be a patient in a psychiatric hospital and to receive psychiatric treatment. No matter how irrational or unreasonable that patient's refusal to receive physical treatments appears to be, they retain the right to refuse physical treatment even if it would be life-saving.

An ethic of respect for individual autonomy may seem to be more attractive than the professional ethic of benign paternalism that put all the power in the hands of the professionals to decide what is best

for their clients or patients that was characteristic of much mental and physical healthcare until the 1980s. However, one of the limitations of overplaying respect for individual autonomy is practitioners' potential to underestimate their responsibilities for the wellbeing of patients and clients. Many of the health and social care scandals that have been characteristic of the past 50 years are arguably a consequence of professionals failing to fully accept their responsibilities in the partnership between clients and themselves. Consequently, there has been a renewed emphasis on trust within ethical guidance as the basis for supporting joint decision-making between professional and client.

Whether it is possible for counsellors working with clients from very different cultural positions to their own to work from a single ethical framework remains uncertain. This is particularly true if adopting a position that we work within diversity, such that the multiplicity of personal truths that may exist within client and counsellor need to be respected and engaged with. This is where the concept of relational ethics, discussed in Chapters 3 and 4, becomes particularly helpful. In the context of Khan's (2023) concept of working within diversity, relational ethics provides counsellors with an essential and responsive framework for practice. Traditional ethical models, often grounded in principle-based or rule-orientated thinking, tend to assume a degree of universality that can obscure the lived complexities of therapeutic work in diverse contexts. Relational ethics, by contrast, recognizes that ethical decision-making is embedded within the dynamics of relationship; it is not abstract but lived, felt and negotiated moment by moment between counsellor and client. It asks practitioners to move beyond questions of 'What should I do?' toward deeper questions of 'How am I being with this person?' and 'What is emerging between us that calls for ethical attention?'

Khan invites counsellors to engage actively with issues of identity, culture and power rather than positioning them as peripheral or secondary – a 'bolt on' – to therapeutic work. From this perspective, the counsellor is called to recognize how their own social location,

assumptions and privileges shape the encounter. Relational ethics aligns with this by demanding a stance of reflexivity and humility; an openness to difference and a willingness to sit with uncertainty. Ethical practice, then, is not simply about applying codes of conduct but about cultivating an awareness of how meaning, safety and trust are co-created across difference. It is about meeting the other person not from a place of knowing, but from a position of curiosity and respect.

Ultimately, relational ethics supports a more inclusive, socially attuned model of counselling. It acknowledges that every therapeutic relationship is situated within broader systems of inequality and belonging, and that counsellors have a responsibility to navigate these dynamics with sensitivity and care. By grounding ethical practice in relationship rather than rule, counsellors can more effectively honour the complexity of each client's lived experience. This approach echoes Khan's call for counselling that does not merely include diversity, but actively works within it to hold a space for dialogue, accountability and shared growth. In doing so, relational ethics enables practitioners to engage ethically not as detached experts, but as responsive, relational partners committed to equity and genuine human connection.

The prevailing practice in the UK is to prioritize respect for client autonomy whilst maintaining a relationship of trust. A great deal depends on the interpretation of autonomy. Autonomy can be regarded as an ethic committed to endorsing individualism and therefore insensitive to clients whose identity is rooted in their extended family or wider community. The alternative approach is to view the self more flexibly so that the right to self-government can incorporate a range of different approaches to self-understanding. This approach to autonomy in professional ethics has several advantages as it is consistent with counsellors being attentive to, and working with, how a client understands their own situation. It may also solve several other issues. For example, an overemphasis on the self as a bounded individual free of ties and responsibilities to others does not represent the experience of many adults with

dependent children or adults. There have been several analyses of autonomy from a feminist perspective that have convinced us that autonomy can encompass a range of self-understanding and that this is probably the best available way of deploying a professional ethic in the context of counselling. Making 'being trustworthy' the primary principle sets respect for autonomy within a relational context that can encompass considerable diversity in identities and relationships (Mackenzie and Stoljar, 2000).

As mental health and wellbeing are cultural constructs, practitioners not only need to adapt their practice to differences between understanding of self but also to what constitutes conditions that may benefit from counselling and other interventions. No single approach can accomplish this. The required approaches may be better understood within a larger framework, for example in the multi-cultural approaches to mental health to be found in Australia.

Conclusion

For counsellors to work effectively across cultural differences, they need to ensure that they are curious of, open to and welcoming of the differences that sit between counsellor and client in the therapeutic relationship. There are several ways of achieving this:

Attentive listening to the client and sensitively asking about potentially significant issues: The strength of this approach lies in allowing the client to voice their understanding of their position within their culture and what they consider to be important in the context of the counsellor's willingness to do the same. Relationships to one's own sub-cultures can be as varied as relationships between cultures. The limit to this approach is the potential for overburdening the client with educating the counsellor about cultural issues when they are wanting help with the issues that concern them.

Consulting the growing body of literature about cultural differences: For example, Laungani (2004); Moodley and West (2005); Ponterotto et al. (2009); Pedersen et al. (2015); Cousins (2019); Cameron (2020); Khan (2023); Turner (2025).

Seeking advice and supervision from someone who is well informed about the cultural characteristics and sensitivities: This has the advantage of avoiding burdening the client with explaining their culture but care must be taken over protecting client confidentiality, particularly if that client is from a community that is intensively networked.

Preparing ourselves to be psychologically open to cultural difference: This is not usually a straightforward process. Engaging with other cultures often requires some appreciation of history and within that there will often have been conflicts and oppression. For counsellors with a European cultural background there may be some unpalatable truths to be faced about the way colonization was inflicted or achieved and the consequences of this. In her account of *Black Issues in the Therapeutic Process*, McKenzie-Mavinga (2009) observed how white counsellors might have to come to terms with 'recognition trauma' before they feel sufficiently comfortable to talk explicitly about racism and communicate freely with black people.

A commitment to non-discrimination is a necessary requirement in counselling ethics for working across differences between people but is not sufficient on its own. It is only the beginning of engaging with the other person, which requires a willingness to look beyond one's own personal and cultural assumptions in order to appreciate someone else's perspective on how to co-exist with people. In doing so we are ourselves personally and culturally transformed by our relationships with people who are different. It is not that we abandon our previous ethical points of reference but that these are understood in different ways (i.e. some strengths are appreciated more, new limitations are encountered, but above all new possibilities are opened up).

Pause for reflection 11.2

\a Your practice

What active steps do you take to reflect on your ethical position when working with clients from backgrounds very different to your own? What additional steps do you take to review with others (e.g. in supervision) that what you do is sufficient?

12 Bridging ethics to practice

Chapter overview

Competence is a basic ethical requirement for any counsellor. This chapter examines what is meant by competence and how it may vary between different therapeutic approaches, and particularly in the context of the scope of practice (SCoPEd). The legal distinction between competence and negligence is also considered. The chapter concludes by examining the relationship been competence and impaired functioning due to illness or disability.

Key words

competence, standard, duty of care, negligence, impaired functioning, disability, illness

A commitment by counsellors to work within their competence is widely recognized as fundamental to working ethically. It is one of the ethical requirements that not only recurs in the ethical guidance of national professional organizations but also cascades down through agency policy and expectations that others hold of counsellors. Failing to work within one's own competence as a counsellor undermines many of the ethical principles considered essential to counselling. Clients are rendered vulnerable to additional emotional distress and psychological harm, the opposite of a commitment to doing good (beneficence) and avoiding doing harm (non-maleficence). The basis of trust between counsellor and client is undermined so that the counsellor becomes untrustworthy. Any

claim to respect for client autonomy is discredited by the lack of basic respect being shown to the client's desire for enhanced self-determination. The counsellor is also working against their own interest by contradicting the ethical in ways that undermine self-respect. All of the twelve ethical principles as outlined in BACP's *Ethical Framework* (BACP, 2026), that underpin counselling ethics are undermined by incompetence.

Therapist competence

Professional competence requires having adequate skills, being properly qualified and trained as well as effective, and working ethically. The responsibility for ensuring competence rests on the individual counsellor in the last resort. No one else is better placed to monitor and evaluate whether counselling is being provided to adequate standards. It is not a purely personal self-assessment, but will be informed by feedback from clients, colleagues and professional mentoring or supervision. Some counsellors, especially those working in agencies, may use systematic audits of the client experience to inform awareness of issues of competence and where updating or training may be required. Evidence-based and evidence-informed practice is increasingly influential in determining what is considered best practice (see Chapter 16), but competence is still required even if the evidence for effectiveness is uncertain. Competence is a minimum standard for acceptable practice by the good-enough counsellor. Many will aspire to something above this level to achieve a standard between competence and excellence out of a sense of personal vocation or commitment and to obtain work in a competitive environment.

There are several complications in achieving competence: first, there is the process of becoming competent. A novice or trainee counsellor experiences the challenge of becoming competent most acutely, but how does someone know that they have reached this standard? Assessments by a trainer, service manager and/or supervisor are good guides here as well as self-monitoring. There is

also that rather tricky transition to becoming competent between knowing enough to start seeing clients while still requiring support from someone who is more advanced in their development as a counsellor. The delivery of a competent level of counselling rests on a combination of individual ability and a systemic infrastructure of personal and professional development, so that responsibility for a competent service depends on several people, including the counsellor, until that counsellor is ready for more autonomous practice. This is not the end of the story when we have our competence as counsellors confirmed by qualifications, registration or accreditation. Every time we move into a new area of practice the cycle of learning begins again, from a state of ‘not knowing’ to competence.

Pause for reflection 12.1

\a Competence

How do you know you are competent to work as a counsellor? What aspects do you draw on to inform your thinking and what mechanisms do you have in place to ‘test out’ your conclusions?

Sustaining competence requires a willingness to be self-critical and an awareness of changes to knowledge and practice in the field of counselling. The quest for competence is not a once in a lifetime achievement but recurs throughout the lifetime of counselling. It has to be assessed against a changing background of clients’ needs and expectations in response to changes in society.

New technologies have created possible ways of delivering counselling that were inconceivable just a few years ago. Not only is the context within which counselling takes place changing, but so are the professional knowledge base and infrastructure to support competent practice. There is a perpetual need for updating,

especially in the knowledge and skills base for practice, and increasingly to meet the demands of professional accountability.

Social justice in context 12.1

Through social movements, such as #MeToo and #BlackLivesMatter, we are constantly challenged to reflect on ourselves, our context, viewpoints and perspectives that need to be reconfigured in the changing context of society. What was once viewed acceptable practice might no longer be viewed that way. Consider what active strategies you take to ensure that you remain open to challenge and change.

Scope of practice (SCoPEd)

After three large professional associations (BACP, UKCP and BPC) entered into a formal collaborative process in 2017, they quickly turned their attention to anomalies and problems in the field. These were multi-fold and were negative undercurrents that prevented further progress in the development of professional practice. These included, in the context of the counselling professions not being statutorily regulated, difficulties in securing paid work for members, nor being able to implement national pay scales for counsellors; continuing debates around the similarities and differences between the terms ‘counselling’ and ‘psychotherapy’; huge differences in training standards, from university-based Master’s programmes through to two-day £19.99 programmes that claimed qualification, amongst others. A major scope of practice and education standards was undertaken and, in that context, BACP stepped away from its long-held view of no difference between the terms ‘counselling’ and ‘psychotherapy’ and formally acknowledged a differentiation between the terms.

This scope of practice exercise has since undergone several consultation processes, with mixed responses. While many were supportive of the key principles of the initial SCoPEd document, there were many opponents too, who argued SCoPEd was: a power grab by greedy and inept professional organizations; introducing a false hierarchy into professional titles and thus undermining the integrity of many members; and was too aligned to a ‘medical’ model of ‘illness’, contrary to the underpinning philosophies of counselling.

The original three professional bodies were joined in 2020 by the Association of Christians in Counselling and Linked Professions (ACC), Human Givens Institute (HGI) and National Counselling and Psychotherapy Society (NCPS). In 2025 the Partnership of Counselling and Psychotherapy Bodies (PCPB) was established, consisting of those six professional bodies. Their role is not only to oversee SCoPEd, but also to ‘*drive strategicinitiatives aimed at improving professional standards, building public confidence and enhancing the professional identity of practitioners*’ (PCPB, 2025). Specifically, PCPB states that the goals over a three-year period are to:

> continue developing the SCoPEd framework, ensuring its recognition and application as a standard for professional practice
>
> strengthen the identity of the partnership and embed it within the profession by promoting public understanding and trust
>
> use data to enhance understanding of the profession’s demographic makeup and improve inclusivity and representation.

The SCoPEd framework, currently being implemented across those professional associations, outlines the primary competence framework for UK practising counsellors and psychotherapists. PCPB (2025) states of SCoPEd:

The SCoPEd framework plays a key role in unifying standards within the counselling and psychotherapy profession, offering greater clarity on the skills, knowledge, training and experience of the members and registrants of our partner organisations. This approach differentiates highly trained and qualified therapists who are aligned to the SCoPEd framework from those who complete training that does not meet the minimum standards identified in the framework. Ultimately, it helps counselling and psychotherapy to be better understood, valued and trusted by clients, employers, commissioners and the public.

The framework is structured across three primary ‘entry points’, dependent on qualification level and experience. These are represented across three columns:

Column A: core training, practice and competence requirements. This represents an average of 2 years’ minimum core training.

Column B: enhanced training, practice and competence requirements. This represents an average of 3 years’ minimum core training and/or experience.

Column C: further enhanced training, practice and competence requirements. This represents an average of 4 years’ minimum core training and/or experience.

From these three entry points, counsellor competence is outlined across five themes:

1. Professional framework
2. Assessment
3. Therapeutic relationship
4. Knowledge and skills
5. Self-awareness and reflection

The competencies themselves are too extensive to reproduce here, but can be found online (www.pcpb.org.uk/about-scoped-framework/). It is fair to say that the implementation of SCoPEd has been as highly contentious for some, as through the consultation process particular groups, such as BACP's existing Senior Accredited Counsellors/Psychotherapists, have argued their experience and competence was devalued in having to re-apply for Senior Accreditation (Column C) status. Professional associations through the PCPB (2025), in turn, argued the benefits of SCoPEd as *'support[ing] clearer pathways for career progression and professional development, benefiting clients, employers and practitioners alike, and contribut[ing] to raising standards of care in the profession.'*

Pause for reflection 12.2

\a Professional titles

What differences, if any, do you see in the work of counsellors and psychotherapists, and how best might clarity be achieved for clients accessing the services of those in the counselling professions?

Was my counsellor competent?

Concerns about professional judgement or incompetence are problematic for both clients and the professionals concerned. In any profession, there will be a range of opinions about what constitutes satisfactory practice. This is particularly true of counselling and can be illustrated by how difficult it is to answer the straightforward question 'Was my counsellor competent?'. Whether or not a particular intervention is likely to be judged competent will depend on the context and the counsellor's theoretical orientation.

Perspectives from practice 12.1

\a Kate

Kate is distressed by her counsellor telling her that he feels antagonistic towards her when she does or says certain things. She asks ‘Is it appropriate for a counsellor to disclose that he feels angry and frustrated or is he being incompetent?’

The answer to Kate’s question depends on the theoretical orientation of the counsellor. A different position will be reached based on how each theoretical orientation positions practice. Consider the four examples below.

From a *psychodynamic* perspective, such an intervention would be judged counterproductive. To help a client gain insight into their transferences, a counsellor deliberately keeps themself, as a human being, in the background. Jacobs (2024: 144) states that transference is partially resolved because:

> the counselling setting provides a chance for strong feelings to be expressed [by the client] for as long as is necessary, until they cease to exert so much pressure on the client … It is frequently the fear that love or hate drives others away that leads people to push down their strongest emotions. As they realize in counselling that the counsellor is not shocked, is not hurt, is not put off, does not misuse the client’s feelings, or does not respond in any other inappropriate or damaging way – in other words, does not repeat the reaction which the client has experienced in the past – the very strength of the feelings can diminish.

The counsellor’s interaction is therefore an act of incompetence in psychodynamic counselling.

However, this is not the view of a *person-centred* counsellor, whose objectives and methods are rather different. The person-centred counsellor focuses attention on the quality of the relationship between counsellor and client. Congruence is an essential quality in this relationship. Mearns et al. (2013: 13) say of congruence that '*The more the counsellor is able to be herself in the relationship without putting up a professional front or personal façade the greater will be the chance of the client changing and developing in a positive and constructive manner*.' Therefore, the intervention could be highly appropriate and competent provided the counsellor's feelings are genuine and spontaneous, and communicated appropriately.

Not all counsellors are purists in the sense of adhering to a single model. Some, like Culley and Bond (2011), will seek to integrate skills drawn from a variety of models in a systematic way. From this viewpoint, a counsellor would be acting competently provided they were acting within the specific guidelines for the use of immediacy. If, on the other hand, the counsellor was randomly eclectic, there might well be no criteria for determining whether the intervention was competently executed.

A counsellor's theoretical orientation is only one of the contextual variations which might be relevant to assessing the competence of a particular intervention or method of working. The cultural setting, the needs of client groups, whether the counselling is one to one, with couples or in groups may also be relevant. What is competent in one context may be incompetent in another. This makes it difficult to generalize and to be specific and precise at the same time. Guidelines intended to have a wide application are of necessity written in general terms. For example, a general guideline that 'Counsellors should only disclose their immediate feelings about their clients when it is appropriate' might alert counsellors to a potential issue, but because it is written in terms that are intended for universal application it gives little actual guidance. It is easier to become much more specific once the context and particularly the theoretical orientation of the counsellor are established.

The law and competence

Any profession can learn from the experience of those courts that have long experience of hearing negligence claims that someone has provided seriously unsatisfactory service. ‘Competence’ is not a term that is much used in law. Lawyers have approached the issue of identifying adequate standards of practice from a different point of view. It is defined in terms of the service provider, including counsellors, having a duty to exercise ‘due care’, ‘reasonable care’ and/or ‘reasonable skill’. It has been important in deciding claims for negligence to determine whether ‘reasonable skill and care’ have been used. Many of the leading cases relate to medical negligence where the courts have been faced with differences of view about what would constitute reasonable skill and care. Counsellors are not unique in having several established but conflicting views about how best to work.

What are *reasonable* skill and care? The same standards are not expected of a passer-by who renders emergency first aid after an accident compared to the skill of a qualified surgeon. Someone who is acting in a voluntary capacity may not be expected to show the same level of skill as someone who is working for reward. If someone practises a profession or holds themself out as having a professional skill, the law expects that person to show the amount of competence associated with the proper discharge of that profession, trade or calling. If that individual falls short of that standard and injures someone as a consequence, they are not behaving reasonably (Goudkamp and Nolan, 2025).

How does a court assess what is a reasonable standard? The court will look to see if the counsellor explicitly promised a result as a term of the contract with the client. This is one of the reasons why counsellors are wise not to make such promises (e.g. to alleviate depression, anorexia etc., within a fixed time limit). In the absence of such a promise within a contract, the court will assess what constitutes a reasonable standard by using one of two procedures which will vary according to whether the court is dealing with

professional or industrial procedures. It seems most likely that it is the professional procedure that would be used in cases relating to counselling.

If, as in counselling, there is no agreement about a universal standard of what is proper, then the court will not get involved in choosing between differences of professional opinion. The test is this: did the counsellor act in accordance with a practice accepted at the time as proper by a responsible body of professional opinion skilled in the form of treatment? It does not have to be a majority opinion to be valid. It is sufficient if the practices have been adopted by a minority of practitioners as demonstrating a reasonable level of care. Two other legal points may be particularly relevant to counselling.

First, the standard of reasonable skill and care requires striking a balance between the magnitude of the risk and the burden placed on the counsellor to avoid that risk. This may mean that a higher standard of care is required when the counsellor is working with issues about significant mental illness, HIV infection or abortion (or a high risk of potential suicide) compared to assertiveness or bereavement.

Second, there is a legal preference for associating a standard of care and skill with the post rather than with the individual who occupies it. In other words, courts expect the same minimum standard of a newly qualified counsellor as they would of an experienced practitioner in the same post. Similarly, no allowance is made for domestic circumstances or financial worries, or other factors that might contribute to error. This means that organizations are well advised to set the same standards for similar posts throughout their organization. For counselling in general, it is becoming increasingly important to establish a series of nationally recognized standards appropriate to different kinds of counselling posts.

In actual practice the courts are much less likely to become involved in hearing claims of negligence against counsellors than against

services involving physical interventions, such as medicine, for the reasons outlined in Chapter 5. The difficulty that clients have in pursuing concerns about incompetent practice by counsellors through the courts and professional organizations places a considerable ethical responsibility on counsellors individually to assess whether they are working within their competence. The method of analysis used in law can help to inform the self-analysis process, but is insufficient by itself without the support of other strategies.

Enhancing self-assessed competence

One of the challenges faced by counsellors in determining adequate subjective standards of competence is the privacy of their work. Although the requirement of privacy is a widely held norm for counselling, it leaves the counsellor vulnerable to becoming isolated from the practice and the ideas of other counsellors in a way that is unlikely to happen in team settings where people work together. Therefore, it is desirable to develop strategies which will help to counteract a counsellor's isolation in standard-setting and to encourage that counsellor to inform their self-assessment by making reference to other counsellors.

The distinctive strategy that characterizes most of the reputable counselling movement is an emphasis on receiving regular and ongoing counselling supervision. This way of working together is distinguished from managerial supervision to create a relationship where the counsellor can talk frankly about issues of competence, personal doubts and vulnerabilities. As counselling supervision is such a distinctive ethical feature of counselling in the UK, it is discussed at greater length in Chapter 13.

Additional information about acceptable practice can be obtained from discussions with counsellors working in similar settings or with similar client issues. Membership of counsellor networks and associations takes on an ethical significance for counsellors who are working in isolation as a way of keeping in touch with acceptable

practice. All the major professional organizations emphasize the importance of continuing professional development, which is usually achieved by periodically attending training conferences and courses. Further sources of information about what is currently considered to be competent practice are journals, books and, increasingly, the internet.

Counsellors with impaired functioning

One potentially very difficult situation has arisen from time to time and is, therefore, worth considering specifically. Like anyone else, counsellors are vulnerable to all the frailties of the human condition, and these may affect their competence. Therefore, it is good practice that counsellors should not counsel when their function is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs, or for any other reason. It is reasonable to assume that most counsellors will know whether they have been drinking alcohol or taking drugs, medicinal or otherwise, which will then impair their functioning. Occasionally counsellors will be unaware of the effect of this consumption, particularly if they are becoming addicted.

There is another situation in which a counsellor's functioning may become impaired: the insidious erosion of ability due to illness or disability.

Perspectives from practice 12.2

\a Trevor

Trevor has a progressive illness that affects his conceptual abilities and he appears unaware that his interventions are increasingly confusing for clients. What is the responsibility of his counselling supervisor?

It is widely accepted that the counselling supervisor has a responsibility to raise the concern with Trevor and perhaps advise him to withdraw from counselling. Fortunately, this is a rare occurrence but there is a much more frequent variation of this situation which is less clear-cut.

Perspectives from practice 12.3

\a Margaret

Margaret has recently been bereaved by the death of her last surviving parent. She knows she is preoccupied with her loss. Should she withdraw from offering counselling?

This is the sort of situation that ought to be discussed in counselling supervision. Usually, the counsellor will initiate the discussion, but the supervisor may take the initiative if the counsellor appears to be overlooking an important issue. There are four possible assessments of the situation:

1. The counsellor is able to use her current experience of bereavement as a resource for her clients, particularly those also experiencing bereavement.
2. The counsellor finds it too emotionally painful to function with recently bereaved clients but is able to continue working with other clients on non-bereavement issues.
3. The counsellor needs to withdraw temporarily from all counselling.
4. The counsellor needs to withdraw from providing counselling indefinitely or permanently.

Sometimes counsellors in situations such as those of Trevor or Margaret will be more optimistic about their ability to function than their counselling supervisor. Where there is a substantial difference of opinion and the counselling supervisor believes it is necessary to take positive action in the interests of protecting clients, the following procedure has proved useful:

1. The counsellor is told by their counselling supervisor of any reservations about their competence to practise, in writing if necessary.
2. If the counsellor and counselling supervisor cannot agree about the counsellor's competence, the opinion of a mutually acceptable third person is sought to make an assessment.
3. If the situation remains unresolved, the counselling supervisor may withdraw from that role, giving their reasons for doing so, which would usually be in writing.
4. The counselling supervisor may seek guidance from the counsellor's professional register or association or, in the last resort, implement the complaints or 'fitness to practise' procedure.

There is no suggestion that an individual should stop working as a counsellor because they have suffered a bereavement or have been ill or have developed an impairment such as hearing loss; fitness to practise depends entirely on a counsellor's ability to function effectively as a counsellor.

Conclusion

This brief review of ethical and legal significance indicates the advantages to counsellors and clients alike where counsellors can agree national standards for specific voluntary and professional posts. Guidance from professional bodies, latest research and current textbooks are all relevant sources for determining what is a reasonable level of practice.

There will always be a need for counsellors to monitor their own level of competence and be willing to be accountable to clients and other counsellors for their practice on a day-by-day basis. What can a counsellor do in these circumstances? Probably the minimum standard every counsellor should aspire to is made up of the following:

1. Know why you are doing or saying something to your client.
2. Be sure you are saying or doing what you intend.
3. Know what its effect is likely to be.
4. Adjust your interventions according to the client's actual response.
5. Review your counselling practice regularly in counselling supervision.
6. Develop strategies for keeping up to date and seek continuing professional development opportunities.
7. Assess whether your level of skill is the same or better than that of other counsellors offering counselling on similar terms or holding similar posts.

Simple as these principles are, they can act as the foundation for competent practice.

13 Counselling supervision

Chapter overview

Counselling supervision, used in the education and training of counsellors and in the UK and some other countries, is an ongoing requirement throughout the working life of a counsellor. This chapter considers the ethical basis of supervision and the different tasks and modes involved. It concludes with three examples of issues that might well be presented in supervision and as examples of how supervision addresses ethical and therapeutic issues.

Key words

counselling supervision, normative, formative, restorative, perspective

Supervision has a long history that goes back to the origins of the talking therapies. Both the early Freudians and Jungians appear to have developed forms of supervision to support psychoanalysts with the dynamic aspects of their work, particularly the unconscious elements at work between therapist and client. It is as true now as it was in the origins of psychoanalysis that it is considered helpful to have someone familiar with the psychology of relationships and human interactions to assist therapists in understanding their work with clients. Many counsellors would not use psychoanalysis directly and prefer other approaches to their work but recognize the value of an ongoing working relationship with someone to discuss their counselling. Most professional bodies for counselling require that counsellors receive regular and ongoing supervision (BACP, 2018a, 2026; IACP, 2018; UKCP, 2019; BPS, 2021; BPC, 2025). Ongoing supervision has been widely accepted as an essential protection of professional and especially ethical standards

within the UK. However, there are critics of supervision requirements, especially for experienced counsellors. The discussion will begin by exploring what supervision is and how it supports ethical practice throughout the early stages of a counsellor's career, before turning to the more problematic aspects of supervision.

What is counselling supervision?

Most definitions of supervision have several elements in common, even if the precise words are different. Counselling supervision is characterized by:

being primarily directed to enhancing the service to clients, although operating indirectly through the counsellor;

a degree of formality, with explicit agreements about working arrangements for the supervision, including the regularity of sessions, the allocation of responsibility for the client work, confidentiality and any payments;

protecting ethical standards both individually and collectively for counsellors;

protecting and enhancing standards of practice;

operating with some independence from direct line management or accountability to professional bodies in order to provide sufficient privacy for the counsellor to work with the personal issues involved in the work;

supporting the counsellor's wellbeing and capability to undertake an emotionally challenging role.

All these elements are brought together with varying degrees of emphasis in the following definitions:

> Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work. (BACP, 2023: 6)

The objectives of consultation/supervision are:

> to provide practitioners with consultation on their work with clients;
>
> to enhance the quality and competence of practice offered to all clients;
>
> to offer psychologists intellectual challenge enabling reflection, transformational learning and psychological support to maximise their responsibility for appropriate self-care; and
>
> to contribute to the CPD [continuing professional development] of both psychologist and supervisor by developing competence in the use and practise of supervision. (BPS, 2017: 13)

Essentially, therefore, the purpose of professional supervision is for counsellors to reflect on and develop effective and ethical practice within a secure and ongoing relationship. This may include monitoring work with clients. Supervision includes personal support, working at relational depth, mentoring, professional development and provides opportunities to reflect on relationships between people, theories, practices, work contexts and cultural perspectives.

Approaches to counselling supervision

Various countries have developed their counselling supervision in distinctive ways. In the USA, counselling supervision is primarily directed at developing trainee counsellors and is replaced by a system of consultation with experienced colleagues when supervision is no longer

required after qualification. It is very closely associated with counsellor education and is adapted as counsellors move from the dependence and naïveté of a novice towards independent practice through a developmental approach to supervision (Stoltenberg and Delworth, 1987). The British approach to supervision is different: it is envisaged that supervision will continue throughout the working life of a counsellor, both as a form of professional accountability in the interests of clients and for the professional and personal development of the counsellor.

Hawkins and Shohet (2012) identify seven modes of supervision that capture different elements of the triangular relationship between client, counsellor and supervisor:

1. A focus on the client and what and how they present.
2. An exploration of the strategies and interventions used by the supervisee.
3. A focus on the relationship between client and supervisee.
4. A focus on the supervisee.
5. A focus on the supervisory relationship.
6. The supervisor focusing on their own process.
7. A focus on the wider contexts in which the work happens (and what these mean to the client, supervisee and supervisor).

This emphasis on process is also evident in the other widely used model of supervision in the UK, the cyclical model of Page and Wosket (2014), which describes the reflective space offered by supervision in terms of a cycle made up of five stages:

1. Contracting about ground rules and expectations of each other.
2. Agreeing a focus.
3. Making a space for reflection.
4. Building the link between supervision and work with the client.
5. Review and evaluation.

They envisage that the counsellor and supervisor will keep revisiting these stages in a cyclical manner, thereby strengthening both the supervision and the counselling.

The tasks of counselling supervision

Counselling supervision is intended to make a major contribution to the ethical integrity of the work with clients; this is only one of several functions. The pioneers of supervision training in the UK (Inskipp, 1986; Proctor, 1987; Inskipp and Proctor, 1994, 1995) developed supervision to address three core tasks, with a fourth added here:

1*Normative:* establishing and protecting professional ethics and standards of practice.

2*Formative:* enhancing the aptitude, knowledge and skills of the counsellor (a form of continuing professional development focusing on work with current clients).

3*Restorative:* supporting the counsellor with the personal effects of working closely with people who may be experiencing considerable distress or difficulty. The preventative function is to reduce the counsellor's risk of burnout or secondary traumatization. Providing a degree of personal support is also intended to prevent the counsellor from becoming so self-protective against emotional pain that they are unable to form empathic or effective relationships with clients. It also works positively to affirm the value of this type of intervention to keep the counsellor motivated and energized for providing counselling.

4*Reflexive/reflective*: the capacity and willingness for the supervisee to look at their own values, morals and positions in relation to their work, as well as looking at learning from practice undertaken and issues encountered in their practice.

As a result of researching counsellors working in multidisciplinary teams, Bond (1991) added:

5*Perspective:* an opportunity to see counselling in the wider professional context of other services and social systems and to reflect on how to maximize any benefits to the client. (See Worksheet 13.1.)

Worksheet 13.1 The tasks of counselling supervision: template for

dividing tasks

Task	Description	Undertaken by	
		Line manager	Counselling supervisor/consultative support
Formative	Skill development; reflection on experience; new understanding; new knowledge about counselling process, client group, specific issues raised by client		
Normative	Counselling: standards; ethics and practice; agency: standards; ethics and practice; monitoring the quality of counselling; consideration of feedback from client		

Task	Description	Undertaken by	
		Line manager	Counselling supervisor/consultative support
Restorative	Dealing with personal issues and stress arising from counselling; validating achievements		
Reflexive/reflective	Looking inwards at self to consider morals, values and positions, as well as outwards to consider and learn from practice and experience		

Task	Description	Undertaken by	
		Line manager	Counselling supervisor/consultative support
Perspective	Overview of total counselling work; relationship between counselling and other methods of clients obtaining help; relationships with counsellors and members of other professions		

Counselling supervision is about much more than ethics. It is a mixture of ethics and ‘practices’, in which the overall impact comes from the supervisor modelling good practice that influences the counsellor positively (Houston, 1995). Modelling is a very powerful influence that operates both consciously and subliminally and can enhance good practice. Unfortunately, poor modelling in supervision can also undermine good practice and encourage poor practice.

Pause for reflection 13.1

\a Your supervisory needs

Consider what you look for in supervision. If you are a trainee, how does that inform and shape your learning on your programme? If you are a qualified counsellor, have your supervisory needs changed as you have built up more experience?

Ethical dimensions of counselling supervision

In the following section we consider some important ethical dimensions of supervision.

Boundaries between professional and personal relationships

Maintaining boundaries between the supervisor and supervisee has long been considered as important as between counsellor and client; there are probably two main reasons for this. The first is sustaining a model that supports the management of boundaried relationships between counsellors and clients. Behavioural modelling is a powerful way of reinforcing or undermining learning for other relationships. The second reason is that a substantial part of the justification for the supervisory relationship in counselling is one of professional accountability, and such accountability can be clouded by possible confusion with line management issues, divided loyalties, friendship and close personal relationships. Some supervisory relationships can start out with clear relational boundaries but then become closer over time.

Perspectives from practice 13.1

\a Sheila and Hannah

Sheila has supervised Hannah's counselling for over three years. They have developed mutual respect and have successfully managed encountering each other in a local counselling association at training events and have been able to keep a boundary between being sociable at these local events and working in greater depth in supervision. They both enjoy walking

and without any knowledge of each other's arrangements have booked on the same ramblers' weekend, staying in the same hostel. When they discover this, they start to question where the boundaries lie in the relationship for supervisor and supervisee.

This would be an appropriate point to review how far it is possible to maintain the boundaries in a supervisory relationship in ways that are professionally credible to others regardless of how scrupulous the two people concerned are. Some people are better than others at maintaining boundaries. Even if there is no intention for the friendship to develop further, it may be worth the supervisee considering finding a new supervisor and reflecting on how future social contacts with the former supervisor will be maintained. Where this is not practical, perhaps due to a shortage of suitable supervisors, it may be wise to adopt deliberate strategies to ensure clearer boundaries between the professional and personal roles. Some approaches to counselling are more open to combining friendship with a professional role in a considered way in comparison to others; all these factors need to be considered. This is the sort of situation that requires careful consideration by the people involved and may be relatively unproblematic on some occasions and possibly quite problematic in others.

Who is responsible for the counselling delivered to the client?

The general principle is that there is a chain of responsibility from the client to the counsellor and then from the counsellor to the supervisor. Supervisors do not normally assume a direct responsibility to clients. They work to enhance the counselling work and the benefits for clients through supervisees. The following example raises the issue of whether this ought to be the approach to responsibility for work with clients.

Perspectives from practice 13.2

\a Hubert and Khalida

Hubert is a trainee counsellor who is developing good basic skills but is not yet confident in moving from what clients say to selecting the most appropriate counselling actions to help them. He presents a case in supervision where he considers that the client and he are going around in repetitive circles and the client's circumstances are deteriorating. As Hubert's supervisor, Khalida is sufficiently concerned for the client that she is questioning her responsibilities to the client and the trainee counsellor.

A great deal will depend on the modality of the practitioner and expectations of therapy, the degree of vulnerability of the client and the severity of their problems. If we suppose that the client's deterioration is putting them seriously at risk of self-harm, and Hubert as the counsellor seems both overwhelmed and helpless, in such circumstances a supervisor may feel that the normative and protective functions of supervision ought to carry greater weight than the formative support of the supervisee. An experienced supervisor will explore a range of possible options before taking the exceptional act (see below) of intervening directly by offering to see the client personally. It may be that Hubert can be supported in seeking additional support or making a referral to a more experienced or suitable counsellor. Such an approach would have the advantage of supporting Hubert to recognize the boundaries to his competence and how to manage such situations in future. However, this will only work if there is a real prospect of meeting the client's needs at the same time as developing the trainee counsellor.

Similarly, there may be resources on Hubert's course that could be brought into play or, alternatively, from within the counselling service where Hubert is seeing the client. In an extreme situation, the priority ought to be the protection of the client's best interests. In the absence of any other possibility, it may be justified for the supervisor to arrange a meeting with the client through Hubert to undertake an assessment to ensure that the client's needs can be met by a suitable referral or through a better-supported Hubert. One of the difficulties thereafter is that the supervisor takes on potentially conflicting responsibilities towards the client and the trainee. To prevent such an eventuality, most supervisors of trainees will ensure that the counselling agency and the training course take primary responsibilities in backing up the work of the trainee where a client is at risk. The arrangements for communicating any concerns would

have formed part of the working agreement between the supervisor and supervisee and ought to be consistent with the agreement between the client and the trainee. In the example, the concerns were raised through the trainee counsellor. What if these had been raised by the client directly? A concerned client ought to be directed to raise their concerns with the counselling agency in the first instance rather than with the training course or the supervisor.

Supporting supervisees taking on new approaches to providing counselling

It is increasingly common for clients to want to communicate with their counsellors online. For some clients this may be simply arranging appointments by email or text, but what if the client is wanting to receive counselling online rather than face to face? Since the Covid-19 pandemic, many counsellors have continued to work online exclusively, or incorporating online as part of their counselling practice alongside face-to-face; this is true for supervision too. This shift naturally raised issues for trainees working towards their practice hours to qualify: training programmes were challenged to think about introducing modules about working online to equip their trainees for this new environment, and indeed to deliver training and teaching online too.

Perspectives from practice 13.3

\a Jane

Jane is a competent face-to-face counsellor and very capable with new technology in other areas of her life. She has a young family and is looking for ways to be able to work from home in dedicated blocks of time around her support with childcare. She greatly values her supervisor's insights and has found that her current supervision has greatly enhanced her work with her face-to-face clients. She cannot take time out for substantial further training but would like to develop an online counselling service for mothers with young children. She raises this possibility with her supervisor, who is doubtful about the potential of online counselling.

This is a situation which challenges both counsellor and supervisor alike. The ethical issue for both is offering services within their competence. How far is it feasible or ethically acceptable to offer services in a new format without any training? Training does not have to be within a classroom at some inconvenient distance from the home. It can be that online may be the most appropriate way forward. As the counsellor has demonstrated good basic competence in face-to-face counselling and an openness to learning, it may be that other forms of informal learning will also be highly appropriate, such as reading around the growing literature (Stokes, 2018; Weinberg and Rolnick, 2019; Worley-James, 2022; Rizzo et al., 2024) and discussing this as a part of supervision. The supervisor is also faced with questioning his conservatism or willingness to innovate and what the boundaries are for his competence. Is it possible to supervise competently in areas where the supervisor has no previous experience? There may also be some gendered prejudices about the opportunities available to women with families. If the supervisor is at the edge of his comfort zone and competence, it may be more appropriate for the supervisee to seek a new supervisor for this component or all her supervision. One possibility would be online supervision.

However the supervision is carried forward, there will be a need to consider appropriate online methods for offering counselling, developing the relevant skills (e.g. how to communicate core counselling skills in a different means of communication rather than in person), developing contracts appropriate to the medium of working, ensuring confidentiality and security, meeting data protection requirements and the other issues that will inevitably arise. Whether or not it is in a supervisory role or some other form of support, there is a strong case here for the counsellor joining a network of like-minded counsellors to accelerate her familiarity with the issues and how they can be resolved.

Pause for reflection 13.2

\a Supervision and technology

How do you use supervision to navigate your use of technology in your work, in terms of any direct work with clients, but also the wider considerations around record keeping, diary planning and

creating content for working policies and procedures, or websites, for example?

Working with clients across cultural differences

The challenges of working across cultural differences are often rooted in the cultures of the people involved and our willingness to see beyond what is familiar. In social contact, this is a two-way responsibility. The emphasis on clients' needs in counselling places a greater responsibility on counsellors to be culturally informed and to communicate in culturally appropriate ways. Clients ought to be freed from the burden of educating their counsellors in cultural issues in much the same way as a client would not be expected to educate a counsellor in the basics of depression or the techniques of a particular approach to counselling. This may be easier said than done, however. The experience of distress is socially constructed and often culturally specific, so physical, emotional or social problems will be understood and experienced very differently in different cultures, if they are recognized at all. Counselling requires counsellors to become adept at listening beyond their own personal experience, but it takes on new dimensions when listening across cultural differences.

Perspectives from practice 13.4

\a Sam and Aneeta

Sam presents a case in supervision about his work with Aneeta, a young Indian woman who is increasingly concerned that her family want her to marry a cousin as part of their plans for strengthening family cohesion and the family business. She is the first generation of her family to be educated in the UK and feels caught between her loyalty to her parents and her respect for their wishes against her desire to have a more independent life, like many of her friends. Sam is familiar with counselling about tensions between young adult children and their parents, but is unsure of the significance of cultural differences and whether there are culturally appropriate ways of responding. His gender does not appear to be

an issue for this client, but he is aware that it would be an issue for her parents, who seem to want to protect their daughter from male company. Rachel, his supervisor, like Sam, has limited experience of this particular community, originating from a northern region in India. They discuss how best to acquire this knowledge and how far it is appropriate to rely on this client to educate her counsellor.

Cultural perspectives can be shaped by the cultural context in which the counsellor lives. This example is typical for most parts of the UK, with the counsellor being part of an indigenous majority recognizing a responsibility to be culturally better informed. There is growing literature on both sides of the Atlantic for all professions working across cultures and some very useful books specifically for counsellors (Cousins, 2019; Cameron, 2020; Khan, 2023; Turner, 2025). In this case, it may be appropriate to seek some supplementary mentoring or supervision from someone familiar with the culture. However, caution may be required. If the cultural group is small and well known to each other, it may be impossible to seek mentoring from within this group without risking client anonymity. In most cases, it would be desirable for a client to be consulted about what issues it would be helpful for the counsellor to understand better and whether any of the possible ways of acquiring the knowledge are acceptable to the client. Great care and sensitivity may also be required when working with refugees as the client's concern to protect family members in another country may be a much greater priority than receiving help through counselling. Services that routinely work across cultures may wish to build cultural awareness into their training and staff development processes.

The strong association between culture, identity and ethics is so intermeshed that ethical assumptions behind most approaches to counselling may not translate well between cultures (Bond, 2007). Being trustworthy may be a better starting point than prioritizing respect for autonomy. This is particularly so where someone's identity is strongly associated with a family group or clan rather than themself as an individual. (For further discussion, see Chapters 12 and 16, and Bond, 2007.)

How ethical is the current requirement for regular and ongoing supervision?

This might seem to be an absurd question when counselling supervision has been adopted internationally as one of the ethical safeguards of counselling. However, there are some legitimate questions to be posed from an ethical perspective.

1. *Are the resources and time consumed by supervision justified or could these resources be better invested to the benefit of clients and counselling?* This is a question about justice and fairness in the distribution of finite and often limited resources. Counselling supervision is resource-intensive because it requires the attention of two professionals simultaneously, the supervisor and counsellor, in circumstances where one or both may need to be paid. There is also a substantial opportunity cost as both could be providing frontline counselling services in the time devoted to supervision. It requires some substantial and well-evidenced benefits in order to justify such a recurrent and long-term use of resources as a strict obligation.
2. *What is the evidence for the benefits of counselling supervision?* Frankly, the evidence is not as convincing as one might hope. Perhaps this should not be surprising because it is only relatively recently that the evidence for the effectiveness of counselling based on credible research has accumulated (Wheeler and Richards, 2007; Cooper, 2026; BACP, 2016). Researching the impact of counselling supervision is more complex. It is extremely difficult to establish a causal relationship between what happens in supervision and the benefits to the client. We experience this subjectively, but it is hard to demonstrate to scientific standards. Nevertheless, anecdotal evidence and personal experience are generally positive about the effects of supervision on the counsellor and, through the counsellor, on the client. A systematic review of the available research evidence concluded that although the quality of the research evidence is variable, supervision is consistently demonstrated to have positive effects on the supervisee. The research evidence of beneficial effects on counsellors is strongest for trainee counsellors and less certain for experienced or qualified counsellors. Little is reliably known about the impact on client outcome (BACP, 2016).
3. *Does supervision involve some inherent violation of being respectful of clients' rights to privacy and confidentiality that are increasingly recognized in the moral and legal frameworks of contemporary society?* Unless managed ethically, it is possible for supervision to violate client rights and particularly client privacy. Counsellors do not

know every aspect of their clients' lives; in particular, they are unlikely to know to whom a client is an identifiable person. Even if the name of a client is not disclosed in supervision, it is possible that a supervisor may identify them from incidental details. Only the client is well placed to make these judgements and decide the level of risk that is acceptable. On balance, good practice suggests that a client ought to be informed about the counsellor's supervision arrangements, including the name of their supervisor. This enables the client to consider whether they are willing to be discussed on an anonymized basis, first name only or as an identifiable person and to give consent. It also gives a client the ability to consider whether they might know the supervisor in some way, and to evaluate for themselves any possible difficulty or conflict of interest if they should be identified or become identifiable within supervision. This is particularly important in situations where the counsellor, supervisor and client all live or work within a small community.

4. *What is the impact of compulsory, ongoing supervision on the ethical performance of counselling?* As counselling takes place mostly in private under conditions of confidentiality, widening the visibility of the work to the constructive scrutiny of a supervisor is probably a useful ethical safeguard. It is probably most effective as a safeguard against unethical practice by counsellors who are well intentioned but drift into poor practice through ignorance or mistake. Where supervision is provided to high standards, it provides a positive influence towards higher standards and the enhancement of ethical and professional standards.

Developments in supervision

While supervision in its current form has been established for many years, practice developments around supervision continue, in terms of forms of delivery (face to face, online, chat-based, avatar) as well as the broader purpose and function. This is particularly true in the *application* of counselling supervision to other roles and situations beyond the traditional counselling relationship. Likewise, there is an increasing use of AI to support supervisory discussions, though such moves need to proceed with great caution. As is discussed in Chapter 9, while AI brings much to practice, great care needs to be taken around client

confidentiality. AI-based supervision does not replace supervision arrangements, as outlined by the key UK professional bodies.

Other professional groups, such as teachers, mental health workers, social workers and nurses, are beginning to develop greater supervisory awareness that goes beyond their more traditional case-management style. The literature on compassion fatigue and vicarious trauma (Brown, 2017) sheds further light on the impact of vocational work beyond that encountered in the therapy world. The following example illustrates one application of the principles of a supervisory process beyond a traditional supervisory relationship.

Perspectives from practice 13.5

\a A reflective practice group

University managers have become increasingly aware of the impact on their disability support staff of direct work with students presenting with physical and emotional health needs. These demands are often high and not uncommonly include risk of self-harm and suicide potential. Disability support workers have not received specific training in this area, are not counsellors or mental health workers, but provide a frontline response, often in crisis situations. Having discussed concerns with the University Counselling Service, they agree to establish a Reflective Practice Group (RPG). This RPG will meet every six weeks and be attended by all 12 disability support workers. It will be facilitated by an experienced and qualified counsellor/supervisor from the Counselling Service. They will draw on the formative, normative, restorative and perspective principles outlined above, but will not be offering the depth of supervisory process that might be experienced in a traditional counselling frame. While this will be a culturally new experience, the disability support workers find huge benefit in being able to talk, confidentially, about the impact of their work, to receive support, guidance and to ensure they are working safely.

An RPG, as an example of the principles of supervision used in an applied way, illustrates how the learning gleaned over many years of supervisory practice and theoretical development can be used to support and enhance work in other contexts. Finally, some case examples to illustrate some of the possible benefits of counselling supervision perhaps shed some light on why supervision remains an ethical requirement for many counsellors, even though the research evidence remains patchy.

Trust and reaching the limits of competence

Working within our competence as practitioners is a critical aspect of safe, ethical practice as well as building trust with clients. The example of David, below, helps explore these considerations in more depth.

Perspectives from practice 13.6

\a David

The counsellor is working with a client, David (19 years old), who is using counselling to look at the impact of an eating disorder on his relationships, particularly with his girlfriend. His eating disorder has not improved and is showing signs of deteriorating. His counsellor wishes to refer David for more specialized treatment than she feels able to offer. David refuses and insists on continuing to work with her.

David has a severe and continuing eating disorder that seems to be getting worse. Nonetheless he trusts his counsellor and does not want to be referred for more specialist help. How ought the counsellor to respond to his desire to continue work with her against her concern that he may need a different type of help?

This is a challenging situation for which counselling supervision provides an opportunity to the counsellor to think through the potentially conflicting issues. She is faced with a situation that requires her to think how best to respond to:

reaching the limits of her competence;

respecting her client's trust and autonomy;

managing confidentiality;

considering whether she has any duty to intervene in the best interests of her client.

It is often difficult to think through the issues carefully without an opportunity to discuss them with someone outside the counselling relationship. The first issue points towards making a change in how counselling is offered, and referral is the obvious but not the only solution. The second and third issues point to continuing to work with the client as referral and the disclosure of confidential material require his consent. The final issue is not applicable as this client is an adult, but nonetheless the counsellor feels a commitment to act in his best interests.

A skilled supervisor will help the counsellor think through how to balance these conflicting demands and their ethical and therapeutic implications. The counsellor is faced with a choice between:

refusing to continue to work with the client and offering referral as the only alternative to no counselling;

continuing to see the client with additional expert support and supervision, which would require the client's consent;

continuing to see the client but rapidly training to acquire the relevant knowledge and skills;

continuing to work with the client without any change.

Pause for reflection 13.3

\a David

What do you consider to be the more ethically appropriate outcomes? Which would you choose in a similar situation?

Perspectives from practice 13.7

\a Allie

The supervisee, Allie, has noticed a change in how she is working with clients. The cause is not immediately obvious to her. She is concerned that building relationships with new clients, something she normally does well, no longer seems to be happening.

We all counsel against the backdrop of our lives. Allie has noticed having some unfamiliar reactions and difficulties with her clients. Relationship building is an essential part of counselling in all approaches and she is right to be concerned, and to consider this to be a sufficiently serious issue to present in supervision.

There can be many causes of failing to form relationships with clients:

Some clients may mistrust the counsellor or be prejudiced against the counsellor's characteristics.

Social diversity can create bigger gaps between people than either the client or counsellor feels able or willing to jump.

Counsellors may struggle to find the emotional energy or resourcefulness to build a relationship.

There may be deep-seated psychological barriers to forming relationships.

Counsellors will encounter all these and possibly other obstacles to relationship building in their work. Supervision can help to examine what is happening in any relationship.

Pause for reflection 13.4

\a Allie

In this example, the supervisee has lost the capability to form relationships that she has demonstrated in the past. Which of the listed explanations seems most likely to apply? How would you expect her supervisor to help her consider these more deeply, and what are the benefits or potential risks to her clients?

Self-care is an ethical issue in counselling. Sometimes supervision is sufficient to return us to our normal functioning. However, the supportive function of supervision is constrained by other tasks. In some cases, counselling for the counsellor may be required.

Conclusion

Feeling stuck with a client and not knowing what to do for the best can have many causes, including:

not knowing what to do because of reaching the limits of professional knowledge or skills;

overlooking something that is significant in what the client is presenting, consciously or unconsciously;

an unacknowledged obstacle in the counsellor's mind, often referred to as projection or countertransference in some approaches to counselling;

a contextual issue that seems to limit the options or block a way forward.

A skilled supervisor can help the counsellor/supervisee identify the causes of feeling stuck and turn an obstacle into a positive insight that

helps to move the counselling forward. Supervision is not simply a professional requirement but an ethical anchor in counselling practice. It offers a relational space where complexity can be explored, uncertainty acknowledged and the emotional weight of the work held with care. Ethical decision-making does not occur in isolation; it is shaped, challenged and supported through dialogue with another who is equally invested in the integrity of the work.

In supervision, practitioners are invited to slow down, to think more deeply about the impact of their actions and to reconnect with their core values. It is here that ethical dilemmas are not solved, but understood; where risk is not erased, but made manageable through reflection, presence and accountability. Supervision strengthens the counsellor's capacity to remain relationally attuned, ethically responsive and emotionally resilient. In this way, it becomes an ongoing expression of ethical commitment, sustaining both the practitioner and the therapeutic relationship at the heart of the work.

PART III COUNSELLORS AND RESPONSIBILITIES TO OTHERS

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14 Counsellors' broader responsibilities

Chapter overview

This chapter provides an overview of different types of responsibility owed to the people affected by providing counselling, other than clients who are the focus of much of this book. Responsibility to oneself and to other counsellors, colleagues and members of the caring professions, as well as the wider community, are considered in turn.

Key words

self, colleagues, professionals, community

Responsibilities to the client are the primary concern of the counsellor but they are not the only responsibilities. There are other categories of responsibility. Any or all of these may impinge on how the responsibility to the client is implemented or occasionally may even take priority. Each of these is considered separately.

Responsibility to self as a counsellor

The ethical principle of autonomy is usually referred to in terms of respect for the client's capacity for self-determination. However, autonomy also applies to the counsellor; like clients, counsellors should only enter into a counselling relationship on a voluntary basis and because of having made a deliberate choice to do so. Counsellors also have an obligation to exercise care of themselves.

Sometimes the ethical desirability of maintaining their own effectiveness, resilience and ability to help clients is understood solely as ensuring that a counsellor is competent to provide counselling and has the personal resources to do so. But behind this is an even more important principle. Counselling places considerable demands on counsellors, and there is always the risk of emotional burnout when working closely with the pain and problems of others. Counsellors have a responsibility to monitor their own responses and to protect their own wellbeing by avoiding excessive working and by making use of regular counselling supervision. Counselling supervision has a supportive role, but this is only one of the tasks addressed in supervision. Sometimes it will be useful to supplement the support offered in supervision with personal counselling.

Tips for self-care

The following points represent minimum standards of self-care. The optimum standard would include periodic reviews of whether providing counselling enriches a counsellor's quality of life. A great deal is said and written about the demands on counsellors, but if the only effect is personal depletion then why continue to do it? It is important to the mental health of the counsellor that there is also personal satisfaction in providing counselling.

Indemnity insurance

The importance of indemnity insurance from a client's point of view is considered in Chapter 5. There are also gains to the counsellor in terms of peace of mind. Even though the risks of having a claim made against a counsellor appear to be relatively small, should this arise the sums of money required even to obtain legal advice can be quite large. Adequate insurance helps to reduce the risk that the counsellor will incur unanticipated expenditure to compensate a client, and some insurance schemes also include free legal advice.

Personal safety

Fortunately, it is rare for counsellors to be physically or sexually attacked by clients, but it is not unknown; there have been very rare occasions where a counsellor has been killed by a client. It is important to keep in mind that some aspects of what might be considered ‘good practice’ might instead complicate a situation. For example, the counselling will usually take place away from other people to give the client confidentiality and privacy. This makes it harder for a counsellor to call for help. It is also not unusual for counselling rooms to be sited well away from busy areas to reduce extraneous noise. The same situation may arise if counsellors are working in their own home. This means that there may be no one close by to hear cries for help. The usual practice of taking clients who are not previously known to the counsellor, to maintain clarity about the nature of the relationship and professional boundaries, also creates an element of unpredictability and risk each time a counsellor takes on a new client.

Counsellors should organize their work in ways that will reduce the risk of assault on themselves. Counsellors who are vulnerable to assault have adopted two strategies, which can be implemented without compromising the ethics and standards of practice intended to protect the client:

Taking referrals through someone else (e.g. GPs, voluntary organizations or colleagues) rather than seeing clients who walk in directly off the street or respond directly to advertisements.

Making contact with clients by phone whenever possible before the first meeting; this provides a basic check on their physical location and gives the counsellor an opportunity to make a preliminary assessment.

Counsellors working with some client groups may not be able to implement any of these safety measures. For instance, counsellors who see clients with alcohol and drug problems may find that the potential benefits of a referral system for the counsellor’s safety are

outweighed by the deterrent effect this has on clients seeking counselling. Some clients do not have a phone or do not wish to have phone calls from a counsellor because of the risk of someone they live with discovering they are receiving counselling. For example, a client seeking counselling following family violence, may have good reasons for not wanting a counsellor to make phone calls to their home.

However, all counsellors can take several basic precautions once a client arrives. These include:

Avoiding seeing new clients if working face-to-face, or existing clients, if there is any risk of assault, in an empty building: It is better to have someone around who can be alerted by shouting or by any unusual sounds. This is one of the advantages of counselling services that have receptionists or where counsellors share premises.

Providing the counselling rooms with telephones with outside lines: If counsellors are seeing clients in premises with a switchboard operator telephone service, they may need a direct line to the public exchange when they see clients outside the usual working hours of the switchboard. Mobile phones only work as an alternative to landlines where there is a strong and reliable signal.

Installing an alarm or 'panic button': This may be particularly useful if there is a high level of risk to the counsellor.

Letting someone know in advance a specific time when the counsellor will contact them and giving them instructions about what to do if the counsellor fails to make contact: It is much easier to handle a dangerous situation if all a counsellor has to do is contain it until help arrives, rather than having to take action to obtain help, which may provoke the other person.

Reflecting on the impact of client narratives that have been personally challenging for the counsellor when working online from home. This requires being able to take active and self-supportive steps to separate a professional and personal sense of self in being able to safely contain any feelings.

Likewise, as was discussed in Chapter 5, it is important for counsellors to take as much care for their personal safety when working online as when they work face to face. Careful use of social media sites, attention to the nature and type of personal information disclosed online (given that much can easily be traced, even with privacy settings in place) and the management of wider privacy settings when delivering counselling are non-negotiable considerations. These strategies may not prevent an assault, but they do increase the chance of obtaining assistance.

Trusting our concerns

A sense of personal safety is important if a counsellor is to feel secure enough to work creatively with clients. Sometimes counsellors will experience a sense of danger without any attack actually occurring. These feelings ought to be taken seriously and discussed in supervision. The sense of threat may arise from real danger, or a counsellor picking up a client's sense of threat to themself, or the re-stimulation of something from a counsellor's past. Whatever the cause, there is no ethical requirement for a counsellor to continue to see clients who evoke such feelings. A counsellor may refer a client to another counsellor if taking reasonable steps to promote safety is insufficient to reduce the sense of danger to an acceptable level.

Clients who harass counsellors outside the counselling relationship

It is rare for counsellors to be harassed by clients making nuisance phone calls, sending frequent unsolicited correspondence, or making

unwelcome visits to a counsellor's home. However, 'stalking' and harassment of counsellors do happen from time to time, both face-to-face and online, based on information about a counsellor that the counsellor has posted on social media such as Instagram or TikTok. These are extremely distressing incidents for counsellors when they occur. The distress is compounded by the ethical constraints of confidentiality. Although ethical guidance seldom explicitly considers this kind of situation, several strategies are consistent with the ethics of counselling:

Counselling supervision is important in providing emotional support for a counsellor as well as for reviewing potential courses of action.

Medical and legal opinion may be sought about the client at an early stage. Providing the client's identity is not communicated, there is no breach of confidentiality. These consultations should take place with people who are unlikely to know the client.

If the client is making public statements which are untrue and to the detriment of the counsellor, it may be appropriate to write to the client by recorded delivery or with a read receipt by email in the following terms: (a) any repetition of the statements by the client will be taken as an indication that the client regards the issue as no longer requiring confidentiality; (b) the counsellor will feel entitled to put their side of the story to those directly involved; and (c) the counsellor may contact solicitors, police, doctors and so on as appropriate.

If the client persists after receiving a letter or email from the counsellor, then it is appropriate to consult solicitors to take action on the counsellor's behalf and sometimes it may be appropriate to contact the police.

Events that happen outside the counselling relationship or after the counselling relationship has ended need not be treated as confidential.

Some situations have been resolved by the combination of a solicitor's letter and a refusal by the counsellor to enter into any further communication. All subsequent telephone calls and letters were ignored and eventually they stopped. However, the persistence of some clients can be remarkable and unfortunately just as distressing and disruptive to counsellors as any other form of persistent stalking or harassment. In such situations it may be necessary to seek legal advice about how best to stop the harassment.

These actions should be reserved for extreme situations. Counsellors do have to accept that, occasionally, clients will misrepresent what has happened within a counselling relationship. This most often happens when a counsellor is seeing one partner about difficulties in their relationship as a couple. Sometimes clients will attribute to the counsellor things that they are afraid to say for themselves (e.g. 'My counsellor says we should separate' or a college student might tell their parents that their counsellor says they should give up their course when this has not been the case). These situations are clearly potentially difficult, especially if the partner or parent approaches the counsellor directly. Nonetheless, the counsellor must maintain confidentiality by neither admitting nor denying what has happened in the counselling. (If a serious concern is being raised about the welfare of a young person, then it may be appropriate to follow agency policy where this exists, for example by making a referral to children's services.) Such incidents are on quite a different scale, however, from a situation where a client is seeking out a counsellor's colleagues or friends, or is persistently phoning late at night, or sending letters in disguised handwriting or emails from unnamed or disguised addresses to ensure they are opened by the counsellor.

Pause for reflection 14.1

\a Self-disclosure online

How do you manage self-disclosure online and what steps have you taken to attend to your safety by adjusting privacy settings?

Responsibility to the wider community

The ethical focus is usually on the client–counsellor relationship rather than on social units like the family, except for counsellors working primarily with families or the wider community. However, there will be some situations where a counsellor is faced with dilemmas concerning responsibilities to the wider community.

One recurrent issue is what to do if a client talks about committing or having committed serious crimes.

Pause for reflection 14.2

\a Sheila

Sheila talks about her distress at being involved in a robbery in which someone was injured. She also mentions plans for another robbery in one week's time. What should the counsellor do?

Does the counsellor have a duty to report the crime that has been committed? There is no general duty in criminal law to report to the police or anyone else that a client has committed a crime. (Statutory exceptions are considered in Chapter 9.) There is also no general duty to answer police questions about a client. A polite but clear refusal to answer is all that is required. However, to give false or misleading answers can amount to the offence of wasting police time or obstructing a police officer in the execution of their duty.

Does the counsellor have a duty to prevent crime? There is no general duty under criminal law to prevent someone committing a crime outside the counselling room, with the exception of statutory requirements to notify the authorities of information held about offences like terrorism (see Chapter 9). If the crime is being committed within the counselling session, then the legal position is rather different. A counsellor who failed to prevent or take reasonable steps to prevent an offence in the counsellor's presence may have committed the offences of aiding and abetting, or 'counselling' (in the criminal law sense of being an accomplice to a crime). This would arise only if the counsellor's inactivity amounted to positive encouragement. A counsellor is most likely to be charged with these offences when a client assaults another, uses illegal drugs, or attempts suicide in the presence of the counsellor.

There is a right, but not a duty, to use such force as is reasonable in the circumstances to prevent crime. Some crimes are not serious enough to justify the use of force. Illegal drug use may come into this category. The use of more force than is reasonable is a crime. Therefore, the use of physical restraint to stop someone hitting another person is usually reasonable, but the use of a weapon would not be. Because suicide is no longer a crime, there is no general right to use reasonable force to prevent suicide attempts or suicide (see Chapter 7 for a further discussion of this issue).

Could the counsellor inadvertently incur liability for a client's acts? The answer is 'yes'. The following example illustrates how a counsellor could commit the criminal offence of incitement.

Perspectives from practice 14.1

\a Davey

Suppose the counsellor honestly but mistakenly believes that it is not illegal for his 15-year-old male client Davey to engage in sexual intercourse in private with another consenting male

of the same age. Consequently, the counsellor encourages and supports his client in sexual experimentation of this nature as part of his ‘homework’ assignment.

It is not necessary for the counsellor to know that the activity is an offence for the counsellor to be guilty of incitement. (The current age of consent for homosexual acts between men is 16 years old in the UK and 17 in Ireland.) The counsellor may not want his client to break the law. It is sufficient that the law has been broken for the offence to have been committed, although the counsellor’s mistake about the law and lack of deliberate intention to incite an offence would be considered in sentencing. It is, therefore, wise to be cautious when setting the client tasks between sessions, a technique frequently used in behavioural methods of counselling. Dryden and Neenan (2004) caution that ‘Whatever behavioural assignment you negotiate with your client, ensure it is both legal and ethical.’

A counsellor can also incur civil liability for inciting or encouraging a client to break a contract with a third party. For example, a counsellor encourages a client to change jobs without giving the contracted amount of notice to the first employer or to stop supplying goods that the client has contracted to provide. If the client carries out the act, which has been encouraged, the counsellor may become jointly liable for any resulting loss to a third party. It is also possible that the counsellor could be jointly liable for a client’s breach of confidence that has been incited by the counsellor.

While there is not a great deal of evidence of the likelihood of this, it is a theoretical possibility that a counsellor could be prosecuted or sued for incitement of a client’s wrongdoing. At a workshop, Kenneth Cohen (1992) cautioned counsellors to be careful when using empathic responses with a client who is intending to commit an unlawful act. The counsellor must choose between being empathic, which the client often interprets as encouragement, and the possibility, albeit a remote one, of incurring legal liabilities because of the client’s subsequent acts or withholding empathy.

Responsibility to other counsellors

Counsellors have responsibilities to a range of stakeholders. Here we look at responsibility to other counsellors.

Undermining public confidence in counselling

Counselling is only possible in a trusting relationship. The public reputation of counselling can create circumstances in which it is easier or harder to establish such a relationship. To protect the collective reputation of counselling and the reputation of members of any counselling organization there is a shared interest in protecting the public reputation of counsellors. Most counselling organizations attempt to protect their reputation for supporting good practice by requiring members to report concerns of any misconduct by other members and will expel members for behaviour that brings counselling into disrepute. The seriousness of what has occurred is also relevant in deciding whether public confidence in counselling has been undermined and brought into disrepute. Arguably, a robust view must be taken: for instance, two counsellors engaged in a heated public debate would not fall into this category unless either party became personally abusive and defamed the other or violence resulted.

A new area of concern, however, that has emerged over recent years, is how counsellors act on social media. Such platforms can provide an excellent space for debate, disagreement and challenge. Indeed, it might be argued that the profiling of discrimination or harm on social media has done much to bring such issues into public awareness. However, heated debate can quickly spill into personal abuse or threatening behaviour. Equally, counsellors sometimes draw on their client experiences to illustrate points they make online, without giving the same due care and attention to confidentiality that they might if using other media, such as in a publication. There continues to be much misunderstanding by some about the legality of posts on social media, which are contextualized by the same libel laws as any other public declaration. It is an area where counsellors

are urged to proceed with great care and caution, and professional associations are slowly developing processes and guidance to attend to such situations. BACP's *Ethical Framework* calls for '… *a clear boundary between our personal and professional social media, digital accounts and ensure public communications, whether personal or professional, reflect the ethical principles set out in the Ethical Framework'* (BACP, 2026: 1.3d).

Can a counsellor bring counselling into disrepute by activities unrelated to counselling? For example, if someone who works as a voluntary counsellor in their own time is convicted of fraud at their place of work, would this amount to bringing counselling into disrepute? Most professional organizations require members to notify them of criminal convictions and will consider whether the conviction is compatible with continued membership of that organization. Insurance companies will also ask for information about any convictions, and this may impact on the cover given or the cost of the premium. Recent criminal convictions, especially those involving deception or violence, can bring the profession into disrepute.

A new area of challenge for counsellors is their use of AI to support their counselling practice. While AI can offer much in terms of helping to support broader thinking, as part of a research process or to learn more about aspects of broader issues presented in work, e.g. neurodiversity, there is evidence that it is also being used in the counselling process without the explicit consent of clients. It is not appropriate to upload counselling notes, recordings of sessions or client details into AI to help the counsellor think about their work, formulate responses or to manage record keeping, or indeed to use tools such as ChatGPT as an 'online supervisor'. Doing so breaks the important confidentiality agreement embedded in many contracts for counselling and has the potential to bring the broader profession into disrepute.

Responsibility to colleagues and members of the caring professions

Counsellors have a responsibility to the wider community of helping professionals.

Accountability to others

Counsellors working on their own in private practice are largely free of the need to be accountable to anyone other than their clients and can discuss any difficulties with a counselling supervisor. However, counselling is increasingly provided within organizations involving more complex patterns of accountability to managers, committees and others.

There have been situations in which it has seemed that counsellors have wanted to use confidentiality as a shield to protect them from appropriate accountability to colleagues. For example, confidentiality has been used as an excuse for avoiding disclosure that many clients are missing their appointments, or to avoid accountability for resources being used. This is an abuse of confidentiality. However, the methods used in being accountable should be consistent with the ethics and standards of practice of counselling. What this means in practice is considered in detail in Chapter 9.

A counsellor's responsibility to increase colleagues' understanding

Counsellors report that the voluntary nature of counselling and the need for confidentiality are the two aspects of counselling that most frequently give rise to misunderstandings. It takes positive action by counsellors working in organizations to develop appropriate expectations of counselling. Sometimes clients and colleagues will have inappropriate expectations of a counsellor's role. For example, a tutor may refer a young person with an eating disorder for counselling and assume that the counsellor will also monitor the

client's weight and general health. These are inappropriate expectations. Weighing the client and any health checks would need to be carried out by someone with medical or nursing qualifications.

Conclusion

The management of conflicting responsibilities is particularly challenging for a counsellor. Whenever possible, it is better to anticipate what these might be and find ways of avoiding them. If such a conflict cannot be avoided, then it is important that the client knows of this so that either the contract between the counsellor and client can take these into account or the client can seek counselling elsewhere. These situations are much easier to handle prospectively than retrospectively. One of the best ways to be forewarned of potential conflicts of responsibility is to discuss situations with an experienced counsellor working in a similar situation. This is one of the key functions of counselling supervision.

Pause for reflection 14.3

\a Your responsibilities

How regularly do you discuss in supervision the responsibilities to others you hold in virtue of your counselling role? If you work as a counsellor in different contexts, do these responsibilities differ?

15 Record keeping

Chapter overview

Record keeping is widely accepted as an ethical requirement for good practice. This chapter examines the ethical basis for keeping or not keeping records, and the significance of records being kept securely. Ethical issues around clients' access to their records and their use in courts are considered. The chapter concludes with how records ought to be written.

Key words

record keeping, records, notes, security, access, courts, writing, storage, prejudice

There are several issues around record keeping which continue to grow in importance. The most fundamental of these concerns is whether there is an obligation to keep records. There is no consensus among counsellors in the UK on this issue, but the expectation that counsellors should keep records has grown. It is now rare to find a counsellor who does not routinely keep notes – however brief – of their work with clients. This chapter will consider the ethical reasons for keeping records, before exploring subsidiary issues about the security of records, access to records by clients, colleagues and the authorities, their content and the question of how long records should be retained after the completion of counselling.

Is it desirable to keep records?

The arguments in favour of record keeping include:

> The process of writing records involves counsellors in organizing their thoughts and feelings. This is helpful to the counselling because it enables counsellors to reflect systematically on what has occurred and plan for future sessions. In other words, the process of making records enhances the quality of the counselling.
>
> Records provide counsellors with an aide-mémoire for incidental details, such as the names of people mentioned by a client, and this then frees the counsellor to concentrate on issues raised by the client rather than recalling details from one session to another.

Systematic record keeping makes any changes in the client's material over a series of sessions more apparent. The process of recall by memory inevitably involves a degree of 'rewriting' the past in terms of a perspective rooted in the present. Written records produced contemporaneously with the counselling make any changes that have occurred during the counselling more visible. This provides valuable information to the counsellor, who may choose to share this knowledge with the client when it is appropriate.

Systematic record keeping provides evidence of the degree of care taken by counsellors in their work, which may be useful if a client makes a complaint against a counsellor to a professional body or begins legal action against a counsellor. It also protects against differences in memory between client and counsellor.

As counsellors seek to be professional and credible with other professional services, they need to develop record keeping practices that support them in performing their role and meet the public expectations of any professional for quality of service and accountability. This is regarded as an increasingly significant reason, which probably explains why most of the counsellors that we meet at workshops around the country have chosen to keep records.

The balance of practice has shifted towards an assumption that counsellors do keep records of their work unless there are good reasons for not doing so. Nonetheless there are ethical reasons not to keep records at all or only keep records for some clients for whom records are unproblematic. The arguments most frequently offered against record keeping are:

There are problems of ensuring that records are both secure and truly confidential. For example, some counsellors may work in settings where burglaries are so frequent that it is difficult to maintain secure records. Community-based services operating out of converted buses or other forms of mobile premises must consider the possibility of the theft of the entire counselling premises, including the records.

Record keeping may complicate trust-building with some clients. For example, counsellors working with clients who are vulnerable to legal prosecution (e.g. sex workers, illicit drug users and others) may have to take account of their clients' fear that the police or other authorities could seize any records.

Record keeping is time-consuming.

Some counsellors are opposed to the possibility of clients acquiring a legal right to see records kept about them. Some counsellors, therefore, prefer not to keep records to prevent this eventuality.

Some counsellors have reservations about creating records which may be demanded by clients for use outside the counselling relationship in legal actions against others. They hope that an absence of records will enable them to concentrate on the therapeutic relationship without having to consider how that work would be viewed in

a court of law. If they hope that the absence of records will prevent them from being required to provide evidence in court cases involving a client, they will be disappointed. An absence of records means that the counsellor is more likely to be called in person as a witness because there is no other way of obtaining evidence. Where records exist, the counsellor may be permitted to provide a report of the relevant information based on the records or they may be required to submit all the records as an alternative to appearing in person.

It is clear from this summary of the case for and against the keeping of records that the arguments are, on balance, in favour of record keeping by counsellors as a general standard of good practice. However, the argument in favour of keeping records can be countermanded by circumstances in which records cannot be kept securely or circumstances where the existence of records would deter clients and work against the public benefit of ensuring the availability of counselling on terms acceptable to clients. A client's attitude to record keeping would also be relevant in individual cases. BACP's *Ethical Framework* 2026 states:

3.2 Keep appropriate records

To achieve this, we must ensure that the records:

a. are factual, adequate and relevant for the type of service offered.
b. are stored securely and comply with the data protection requirements of the country where the record is stored.
c. include all communications, notes and other information relating to clients or service users working with us within the records we keep of our work. (BACP, 2026:3.2a-c)

Both the law and professional ethics require that clients have consented to records being kept. Ethically, this forms part of the client's full and informed consent. Legally, it is about citizens' rights to know about and exercise control over personally sensitive information that is being kept about them and to know the purpose for which it is being kept. When a client refuses to permit a counsellor to keep records, the counsellor is faced with a choice between continuing to see the client on this basis or refusing to see them unless some form of record can be kept. Personal experience suggests most counsellors will attempt to establish why a client is so concerned about whether records are kept or not and attempt to adapt their practice to meet that client's needs. Some agencies will not see clients who totally refuse to permit any records at all.

Pause for reflection 15.1
\a Record keeping

Do you keep records of your sessions with clients? If so, are these primarily for procedural purposes (i.e. because you are required to, or believe you are

required to) or do you actively use them to reflect on your practice and in supervision, so that they are process notes (a summary of a counsellor's personal feelings and psychological processes in response to a client's communications)? If yes, do you know what it is about your records that specifically facilitates this?

Security of records

Once it has been decided to keep records, knowledge of their existence and the level of security with which they are kept become an aspect of the client's informed consent. There is a strong ethical argument that clients need to know these facts to be in control of the information that they decide to disclose to the counsellor; this represents an optimal standard. The minimum standard suggests that if clients are not informed about the security of records, they should be entitled to assume that records are kept with sufficient security to prevent them becoming known to people other than those authorized by the client. Counsellors who have taken this into account have adopted different kinds of procedures according to their circumstances.

The first line of defence against unauthorized disclosure is the physical security of the records. This would normally match the anticipated risks to the records. Locking records in a desk or filing cabinet will prevent casual inspection by anyone with access to the room in which they are kept, but this is inadequate against someone willing to force an entry as most desks and filing cabinets are easily broken into. Where forced entry is reasonably foreseeable, it may be more appropriate to keep the records in a safe. Keeping records in a physically secure container for hard copies and as electronically secure files on computers is a basic ethical requirement.

In addition to the physical security of the records, or sometimes as an alternative to it, some counsellors have adopted systems that ensure the anonymity of records. Four methods are frequently used:

1. The counsellor uses codes only they know to identify records. The code might be in the form of numbers or initials. No information is included within the records that could identify clients. This may be practical with small numbers of records but is usually impractical with larger quantities.
2. An alternative method is a split system of record keeping. For example, personally identifiable information (e.g. name, address, contact numbers, names of significant others mentioned by the client) is kept on small file cards which can be readily removed from the premises by the counsellor, and especially overnight, from where the lengthier records of sessions may be kept. As each of these cards is numbered or coded and this is the only identification on the records, someone would need access to both the card and the record to obtain significant information about the counselling. The cards on their own only indicate who is receiving counselling but not the issues raised in that counselling. The records on their own merely contain the contents of the sessions but cannot easily be linked to identifiable people. Splitting records is only necessary where there are concerns about how securely records can be kept from unauthorized access. A single record system that is kept securely is much more efficient and accessible for routine use – especially in large or busy services.
3. Some counsellors work in settings where they are expected to make entries on agency records which are available to all authorized personnel within the agency and may even be passed on to another agency if the client seeks their services subsequently. For example, counsellors in medical settings may be expected to make an entry on a patient's health record or, in social services, on a client's case file. Best practice in these circumstances usually involves the counsellor in negotiating an agreement with both the agency and their clients. Ideally, the agreement will permit the counsellor to make brief entries on the agency files and to keep separately more detailed records of the counselling process and any information which is personally sensitive to the client. These latter records would usually be treated as highly confidential and therefore access to them may be restricted to the counsellor and/or the client in routine situations. There is a legal precedent for this arrangement under the Code of Practice issued by the Human Fertilization & Embryology Authority (HFEA, 2023) as required by the Human Fertilization and Embryology Act 1990. In this setting, it is usual for the offer of counselling to be recorded in the central records and the client's response to the offer. However, the counselling notes of individual sessions are stored separately and treated as confidential. Information obtained in counselling may be disclosed in certain circumstances, for example if it 'gives a team member cause for concern about the suitability of a person' to participate in fertility treatment. It is good practice to be clear with clients about how records are kept and the circumstances in which information might be communicated to other team members.
4. Increasing numbers of counsellors keep their records on computer. Such records can be protected by passwords and therefore be encrypted, which controls different levels of access. Although the technology of computer records is different, the principles are much the same as for paper-based records, as detailed in the Data

Protection Act 2018, the GDPR and the accompanying guidance. Counsellors also need to be mindful of where records are held: on a local hard drive of their computer, or in the 'cloud'. Many 'cloud' systems, such as iCloud and Dropbox, use servers outside of UK jurisdiction. It is a complex legal area, however, and most of the primary cloud services state compliance with GDPR requirements. There is an obligation for organizations and sole traders, which would include those in private practice, who process personal information to register with the Information Commissioner's Office and to pay a fee (see https://ico.org.uk).

Access to records

The question of who ought to have access to records is frequently raised about three situations. The first relates to situations where the counsellor is working in an agency in which the manager or employer is seeking access to client records; the second relates to a client's access to their own records; and the third relates to police access to files. It is useful to consider each of these separately because the ethical issues and legal considerations are different.

Access by employers

The demand for access to records by an employer is only possible when a counsellor has an employer. Counsellors working on their own in private practice are free from this particular concern. In some circumstances this may be a key factor in a client's choice of counsellor. Counsellors who have not clarified the status of their employer's access to records in advance of counselling, and are working without a corresponding agreement with their clients about access, are likely to find themselves in a difficult situation. The employer's and client's rights may be in conflict, and both may hold the counsellor accountable.

The usual principle is that records made on materials provided by an employer or in the employer's time belong to that employer. However, the principles and law of confidentiality (see Chapter 9) suggest that there are restrictions on how an employer exercises that ownership. Ownership is not necessarily the same as unfettered control and access. Breaking a confidence without justification could create legal liabilities for a counsellor, even if the breach is to the counsellor's employer. A prudent counsellor will have established clear guidelines which are known to both the employer and the client about who will have access to counselling records and for what purposes to avoid conflicting responsibilities to the client and employer.

Access by clients

There is a strong ethical case for clients to be granted access to any personally sensitive information recorded about them for them to be reassured of its accuracy and to check that the information is consistent with the purpose for which it has been disclosed. In practice most clients will take records on trust, especially if their experience of the counselling is satisfactory. In some instances, however, a counsellor's respect for a client's autonomy over their records may be countermanded by a concern that granting

access could destabilize the therapy and that access might be better delayed until that therapy is further advanced or completed. Such concerns can often be managed by negotiation (counsellors working in health settings may be able to enlist a doctor's authorization for restricting client access where the doctor considers such access would be seriously detrimental to the client's physical or mental health or condition, or indeed to any other person (see Data Protection (Subject Access Modification) (Health) Order 2000 5(1) implementing Data Protection Act 2018: this is probably the only exemption to a client's right of access likely to arise in counselling provided in a statutory service).

Generally, data protection law lacks subtlety. It prioritizes a citizen's right to know personally sensitive information held about them so that they can challenge any inaccuracies and know for what purpose it is being kept and how it is being used. All the client has to do is make the request for access in writing, provide proof of identity if this is in doubt, and pay the required fee. However, the data holder should withhold from disclosure parts of the information from which another person could be identified, unless that person's consent has been given.

There is a rather odd legal exception to a client's right to see their counselling records, which is mostly restricted to non-statutory services. It is odd because there is no obvious ethical justification for this exemption. Indeed, it removes the right to see records in the very circumstances in which clients might be most concerned to see what has been recorded and how that information is being used and protected. The exception arises where the counselling records are held in an unstructured manual file. Such a file might be notes kept on paper and added to a cardboard envelope file in no particular order, so that finding a specific piece of information would require sorting and sifting through the file. Similarly, a file to which things are added in chronological order (e.g. the most recent item is added to the front or back of a ring binder) would be regarded as an unstructured file. The exact point at which a manual file turns from structured into unstructured is not precisely defined in law. It is determined by what is known as the 'temp test', that is, whether someone unfamiliar with the records, such as a temporary secretary, can easily find the information they are looking for by the way the record is structured (Mitchels and Bond, 2021). It follows that a file which is divided into sections is more likely to be a structured manual file to which the client has a legal right to see their own notes. In other words, the client's right to see records ceases in just those situations where they might be most concerned because the counsellor seems disorganized and unsystematic. A client has less right of access to a jumble of barely sorted papers than they have to a structured file (e.g. if the sections divide identification and contact details, session notes, discussions in supervision, correspondence etc.), so that someone could easily find a home address, notes of session 3 or discover when this client was last discussed in supervision.

From a client's perspective they would be best advised to see a well-organized counsellor, because not only will they have the benefits of that level of organization, but they will also have the additional protection of access to the counsellor's records should it be desired under the data protection law. A client who sees a less well-organized counsellor may or may not suffer from their lack of organizational skills but will forgo their right of access to the counselling notes. If a client obtains access to their notes and disagrees with what has been recorded because it is considered misleading or

incomplete, the counsellor has several options. They may agree to some changes. Alternatively, they can record that there is a disagreement and record the client's version as an alternative version of events so that there are now two records of the same event.

Some counsellors will have legitimate concerns about granting clients access to their notes. Some will include personal notes about themselves and their own reactions as part of their process observations. A counsellor may then be concerned that these are too personally revealing to be shown to a client. Where such notes are integral to the counselling approach or methods, then the counsellor needs to ask why a client should not be entitled to see them. If they are too personal, could they be recorded in another way or held separately in a personal journal without any identifiable reference to the client? Clients are only entitled to access records that refer to them as identifiable persons because they are named, or their identity can be inferred from the information recorded. A client's notes are arguably not the place for a counsellor to be working through personal processes in depth, especially if they go beyond what is directly relevant to the client or if the counsellor wants to preserve their privacy.

Some psychodynamic counsellors have expressed concern about clients seeing records prematurely before transferences have been worked through and how this might disrupt the therapeutic process. There would be nothing to stop a counsellor asking a client to delay access, but that client would be entitled to insist on prompt access in the case of computerized and structured manual records. It is illegal to keep two sets of records relating to an identifiable client to grant access to one and keep the other away from the client. It should also be noted that the Data Protection Act 2018 does not permit withholding records from a client because they are damaging to the professional.

The use of counsellors' records in court

What can a counsellor do if a client asks them to supply a report that will help them in a legal action against someone else?

Perspectives from practice 15.1

\a Michelle

Michelle has given birth to a severely disabled child and is bringing an action for medical negligence. Her counsellor is asked to provide a report about his client's feelings towards the child. The lawyers acting for the medical staff seek access to the therapy notes on which the counsellor based his report.

This, in broad terms, was the situation which Jakobi and Pratt (1992), as lawyers acting for the Psychologists Protection Society, were asked to consider. Counsellors may also be asked to provide reports following motor accidents, industrial accidents and in marital disputes.

Many counsellors are understandably reluctant to provide reports, appear as witnesses or supply case records on behalf of clients. To do so could be seen as a confusion of roles, with the counsellor being drawn into a public arena in ways that may compromise a client's autonomy or privacy. Counsellors may also feel that writing reports for courts is not part of their role and that they have not been trained in how to write these, in comparison to doctors and social workers who are usually more experienced in court work. It seems there is no way a client can compel a counsellor to produce a report on their behalf; the choice is the counsellor's. However, refusing to provide a report may result in the client (or more likely the client's solicitor) requesting the court to issue a witness summons for the counsellor to appear in person to give evidence and for any records to be disclosed to the court. Often preparing a report that answers the solicitor's questions and protects the rest of the information is the better option and, in many cases, makes appearing as a witness unnecessary.

If a counsellor is asked to write a report on behalf of a client, Jakobi and Pratt (1992) recommend that several precautions are taken:

> The request for a report is likely to be made by the solicitors acting for the client. Technically, this can be treated as the client's consent to disclosure provided that the request comes from the client's own solicitors and not from solicitors acting for another party in the proceedings. However, it is sensible for a counsellor to see the client to ensure that they realize: that the production of the report could lead to a requirement for the disclosure of case records to the other party; that the counsellor may need to include sensitive information in the report; and that the client really is consenting to the production of the report (or client records) in full knowledge of what this entails.
>
> If a counsellor is asked to disclose records in addition to the report, this request should be refused unless either the client consents or a court order is made.
>
> If disclosure could cause serious harm to the client, then the counsellor should inform their solicitor so that an adequate explanation can be given for requiring disclosure. Again, through the client's solicitor, it may be possible to limit disclosure to matters that are highly relevant to the case or to restrict who sees the counselling records, such as a relevant expert. Alternatively, there may be other ways of obtaining the same information, perhaps by an expert examining the client independently.
>
> Sometimes it will be possible to request that an expert be appointed to examine the documents rather than have them considered in full in open court.
>
> If limitations on the disclosure of documents have been agreed, no reference should be made to the excluded material in court. Any limitations on disclosure will cease to have effect once the excluded material is referred to or read out in open court. A counsellor will need to bear this in mind if they are called to give evidence.

Once a client is engaged in litigation, a counsellor's notes are vulnerable to disclosure and use in proceedings. It is only in the most exceptional circumstances that a counsellor

will be able to prevent disclosure. For a fuller account of the issues, see Bond and Sandhu (2005), or seek legal advice. Whatever a counsellor does, they should not delay seeking advice until the last moment. This will make the situation very hard to resolve by using any alternatives that might have been available even a few weeks earlier.

Access by the police

The law places counsellors' records in a special category, which excludes them from the usual search warrant and substitutes a more demanding procedure before the police can obtain access to them. The legislation that established these procedures is historically significant as being the first to recognize formally the personal sensitivity of counselling records and grant them legal protection. The Police and Criminal Evidence Act 1984 requires a search warrant, which must be signed by a circuit judge instead of requiring only the more usual magistrate's signature, a less demanding procedure, to access files. This legislation is particularly interesting because it makes several specific references to counselling in its definition of 'personal records'. Personal records are defined in section 12 as:

> documentary and other records concerning an individual (whether living or dead) who can be identified from them and relating:
>
> 1. to his physical or mental health;
> 2. to spiritual counselling or assistance given or to be given to him; or
> 3. to counselling or assistance given or to be given to him for his personal welfare, by any voluntary organization or by any individual who –
>   i. by reason of his office or occupation has responsibilities for his personal welfare; or
>   ii. by reason of an order of a court has responsibilities for his supervision.

Counsellors' records therefore belong in the same category as those of doctors, vicars and other spiritual leaders, social workers and probation officers, regardless of whether that counselling is paid or voluntary. Even if a circuit judge has signed a warrant, it is possible to go to the High Court to reverse this decision. In one case, the High Court ruled that an Old Bailey judge acted outside his powers when he ordered the Royal London Hospital to disclose someone's medical records to help in a murder investigation. An exception to the requirement for a warrant may arise if the police are searching for documents to detect or prevent terrorism under the Terrorism Act 2000. However, despite the sweeping powers seemingly given to the police under this legislation, they are required to exercise them 'reasonably'. Additional protection has been given the counselling records of victims of crime by the Victims and Prisoners Act 2024. The legislation and draft Home Office guidance restricts access to records that provide evidence that cannot be obtained from other sources and that access to the records has been discussed by the police with the victim in advance. It would be wise for counsellors to seek a lawyer's advice whenever they become aware that they are holding information which relates to a serious crime.

The contents of counselling records

There are no fixed rules about what ought to be included in counselling records or how they ought to be written. Counselling records can vary considerably in style, from brief factual accounts that focus on what a client reported, to ones that include more of the counsellor's thoughts and responses. The guiding principle is that the type of record should be one that supports the therapy and enables it to be delivered to a reasonable standard of care. Another 'rule of thumb' might be to write notes assuming the client is sitting alongside you seeing what you are writing; some counsellors choose to do this and write records at the end of the session as a therapeutic and collaborative process with the client. A good record is written as close as possible in time to the events it records. Some counsellors will set aside 10 minutes between clients for this purpose. If we have any reason to think that a record might need to be produced for legal purposes, it is good to distinguish between what was directly observed, what the client said, and the counsellor's own responses or thoughts, as shown in the example below.

Perspectives from practice 15.2

\a Bobbie (example one)

Bobbie arrived 10 minutes late, out of breath and looking rather flustered. He was more smartly dressed than for previous sessions and explained that a meeting with his boss at work had overrun and delayed him. He said that it had been his annual review. He had been dreading it – see previous session – but had decided to go in positively and make suggestions about how the administrative system that had been troubling him could be improved to everyone's advantage. He thought his boss was not interested initially but warmed to his ideas as he talked them through. This was not what he had expected. He said that he had expected his boss to dismiss his ideas out of hand. He had found the work on the similarities and differences between his boss and his father last week helped him to see them as different people who might react in different ways. He was pleased to be breaking a pattern of feeling silenced and deskilled. However, he is anxious about having to prepare a business plan for two weeks' time and has agreed to the next session being before this. I will monitor his anxiety, which he reports as 'half what it was when I first came to see you'. Noted that he did not mention his girlfriend or difficulties with her this time. As he left, I noticed that I was feeling uncertain about his motivation – between being liked or being successful? Explore further next time?

This would be a reasonably full record and appropriate if the counselling benefits from this level of detail and the counsellor has time to make the record. A shorter record of the same session might read like the one below.

Perspectives from practice 15.3

\a Bobbie (example two)

Bobbie arrived late due to ‘meeting with boss overrunning’. Bobbie thought meeting had gone better than expected. He said previous work on distinguishing his father and the boss had helped. Affirmed growing confidence. Consider exploring Bobbie’s motivation at work next time.

Pause for reflection 15.2

\a Examples of case notes

Which set of notes in the two examples given above do you prefer? What is the reason for your choice and is your preference for how you make notes influenced by the setting in which you work?

There is no single correct way of writing case notes. It still appears to be a neglected topic in basic training. Each counsellor must develop a style that is sufficient to support the counselling but without being excessive in what is recorded. The primary purpose of good records is to support the work with the client. This will usually include a summary of significant content and processes. Other items to be included in the record are:

any written and signed consents to all treatment;

any written and signed consents to all passing of confidential information;

all appointments, including non-attendance by client;

treatment contracts (if used);

up-to-date record of counsellor’s reasoning behind decisions about significant interventions and general strategies;

consultations with anyone else about the client;

copies of any correspondence from the client or relating to work with the client;

any instructions given to the client and whether or not the client acted on these.

Sample record sheets are given in Worksheets 15.1 and 15.2.

Worksheet 15.1 Counselling records: client background information

Code no* …….....

Name
…….....

Address
……..……

…….....
...……

…….....
...……

Contact tel nos:
……..

Summary of counselling contract (e.g. frequency, duration, review periods, confidentiality, fees etc.):

…….....
...……

…….....
...……
…….....
...……

Correspondence (attached)

…….....
...……
…….....
...……

* for split records only – NB no need to split records that can be kept securely

Worksheet 15.2 Counselling records: record of each session

Name: …… Code no* …….....

Date: …… Time/duration: ……

Content: summary of client's narrative, behaviour, feelings and counsellor's interventions:

…….....
...……

……

……

……

Process: any comments made by client about process, counsellor's observations and/or speculations about the process:

……

……

……

Notes for next session: e.g. any agreement about what the client or counsellor would do between sessions, issues to be raised during the session or for the counsellor to be aware of:

……

……

……

Issues for counselling supervision:

……

……

Notes about any correspondence or telephone conversations:

……

……

* for split records only

Matters not to be included in records

Records ought not to include anything that could disrupt the therapy if seen by a client. Prejudice and abusive comments are to be avoided. Negative evaluations should only be included if they serve a therapeutic purpose; for example, a negative countertransference would be justified if it is integral to the therapy and a statement about the counsellor's internal processes rather than directly ascribed to the client ('I experience uncharacteristic boredom when Sue talks about her relationship with …', rather than 'Sue is boring about …'). Information about illegal behaviour, sexual practices or other sensitive information that may embarrass or harm a client or others is rarely appropriate for the record.

Carefully considering what to include and exclude is good practice. What is included should be written with the possibility of the client seeing the record later and the possibility that the records may be required for use in a legal dispute. However, the overall principle should be to write only what is useful for the therapy unless the record is known to be needed for other purposes and these purposes have been consented to by the client.

The format of counselling records

Very little has been written about how best to structure counselling records. BACP's *What do we mean by records and record keeping within the counselling professions?* good practice guidance (BACP, 2024a) offers some useful overview of what to include, and not include, in client notes. Houston (1995) recommends that counsellors keep the records in two sections. The first section should contain useful background information about the client and the contractual terms that have been agreed. She suggests the following headings:

1. NAME [probably coded] AND MEANS OF REFERRAL.
2. PRESENT CIRCUMSTANCES [Mrs A is 28, living since she was 18 with Claud. Works at Boots.]
3. HISTORY [Leave plenty of room to put in facts about her life and her ways of dealing with its events. These can be added to as the weeks go by. Noting the date can be informative here.]
4. REASON FOR SEEING ME [Has changed jobs three times in the last few months, and reports that finds working relationships with colleagues difficult, in contrast she gets on 'perfectly', her word, with family and Claud.]
5. MY HUNCHES [She said forcefully and out of the blue that she was not thinking of leaving work and having a baby. I guess she is. Longer-term work probably needs to be about her daring to acknowledge her own needs, and hopes for the future. To be explored sensitively.]
6. TIMES AND PAYMENTS [Tuesdays at 11 am, with 3-week break at Easter when she will be abroad. One month paid in advance, next payment due at next session.]

One way of establishing the contractual relationship with a client is for the counsellor to send them a letter or email after the first session that includes what has been agreed to between client and counsellor. The letter could be attached to this section, or the email printed off, as could copies of any subsequent correspondence.

The second part of the records would be the record of the actual counselling sessions. Houston suggests counsellors separate the factual account of what happened from their own personal responses and evaluations by using several vertical columns. The factual account of whether a client arrived on time, what was said and so on could be put down in the left-hand column. The commentary could then be written in a column to the right. There is a lot to commend this approach. At times when a counsellor has been seeing lots of clients, or when time is at a premium, they may use pre-printed forms or a standard computer template.

Use of records in counselling supervision

Some supervisors will recommend or require that counsellors keep records and use these in counselling supervision. The process of writing notes helps a counsellor to sort their various responses to the counselling session and therefore helps them to focus their attention on important issues. It is agreed that this makes for a much better supervision session. This view is not universal, but it is gaining ground. Client consent should be sought for using records in supervision.

How long should records be retained?

This is a difficult question to answer. Records may be relevant to present or future court proceedings, or to complaints, and so the time limits for legal proceedings or complaints procedures may be relevant. The time limits for children and young people are different from those for adults (see Mitchels and Bond, 2021: Ch. 6).

The important thing is that a client should be aware of the amount of time that records are usually retained by a counsellor and agree to this. If a client wants their records retained for a longer period, this should be negotiated and agreed with the counsellor, or an alternative solution sought (perhaps that the records may be handed over to the client). In straightforward circumstances, where there are no other legal or professional considerations, the records could be destroyed any time after the end of the counselling relationship. One of the principles that informs good practice in record keeping is that sensitive information should be destroyed when its usefulness has expired. A retention of one year might be appropriate where there is the possibility of a client returning.

However, where there are unresolved issues which might result in a complaint against a counsellor being made to a professional body or legal proceedings in which the records might need to be produced, a much longer period is required before the records should be destroyed. In the absence of any better guideline, seven to ten years would be appropriate, if this is both practical and the records can be kept securely. If any legal action involving a client is a possibility, it would be prudent for a counsellor to obtain legal advice about how long records should be kept, as the expiry time for initiating legal action

varies according to the type of case. For a further consideration of how long to keep records, see Mitchels and Bond (2021).

Using artificial intelligence to write records

Artificial intelligence (AI) is providing the opportunity to reduce the time and work involved in writing records. Conversations can be recorded and automatically summarized into written records. This technology is too recent to have been thoroughly tested in its application to counselling. Likewise, the ongoing confidentiality of private discussions in counselling sessions cannot be guaranteed and, therefore, it is difficult for the client to fully consent to this without that full information being available to them.

There is no doubt that AI can be of enormous benefit to the broader work of counsellors, but great care must be taken in recording or uploading counselling into AI systems. Many of the servers that enable AI algorithms to function sit outside of UK data protection law and the onward dissemination of such recordings to support AI's need for learning is also untested. In July 2025 the CEO of ChatGPT, Sam Altman, warned against the use of AI for therapy and said, '… *if you talk to a therapist or a lawyer or a doctor about those problems, there's legal privilege for it. There's doctor–patient confidentiality, there's legal confidentiality, whatever. And we haven't figured that out yet for when you talk to ChatGPT*' (TechCrunch, 2025). We would argue here for the same level of caution in record keeping; the only exception being if working for an organization where the AI tools are embedded within organizational systems and there is a contractual requirement to use those systems for that specific purpose.

Conclusion

It is now regarded as essential to good practice to keep records of counselling as these are part of a systematic and professional approach to counselling. Clients deserve this amount of care. Records are a very useful source of information that not only provide more accurate information than memory alone, but also support counsellors' professional accountability to clients and others with legitimate interests in their work as counsellors. As in so many other areas of society, there is a steady and accelerating movement away from paper records and communications with clients in favour of digital systems (see Chapter 10).

16 Evaluating the impact of counselling

Chapter overview

This chapter considers the ethical case for counsellors being accountable to their clients and others. The use of evidence-based practice for determining the effectiveness of treatments and the basis for accountability and commissioning is examined. The ethical implications of current controversies over recommendations for the treatment of depression by counselling are explored before presenting the ethical case for service monitoring.

Key words

accountability, evidence-based practice, randomized controlled trials, research, monitoring

Evidence, evaluation and monitoring are not always the most popular topics with counsellors, many of whom tend to be more interested in working directly with people and their relationships rather than meeting the demands of evidence and accountability. Nonetheless, accountability is increasingly a part of what is necessary in the life of any health or social care professional to secure funding or attract new clients. Whether reluctantly or willingly, we are all being asked to look behind the positive claims we make for our services and to provide the evidence for what is being achieved. Every scandal in health and social care, and there have been many of them, undermines trust in the integrity of professionals unless that integrity can be backed up by evidence that

demonstrates the safety and effectiveness of the services provided. Economic pressures on the best use of scarce resources have also increased the need for services to demonstrate that they are not only effective but are also better value than the available alternatives.

Accountability is an inescapable reality for most counselling services that are funded by either the public or commercial sector. Funders want to be certain that what they are funding is safe, effective and good value for money. Providing counselling in private practice for fees may escape the demands of accountability to an organization, but this is often replaced by an increased need to be directly accountable to clients. All successful counsellors, regardless of their setting, will have responsibilities and accountability to their professional bodies. Being accountable is an important aspect of being a successful professional and providing a valued service.

The ethical case for accountability on the basis of evidence

Professional ethics support the principle that we ought to be properly and appropriately accountable for the services we provide. Table 16.1 sets out the twelve ethical principles that underpin the current *Ethical Framework* of the British Association for Counselling and Psychotherapy (BACP, 2026: B). Each principle represents a commitment to acting in a particular way, and this is an empty commitment unless a counsellor is willing to ask these questions:

How do I demonstrate this principle in my practice?

What is the appropriate evidence that will enable me to examine my delivery of this principle?

What is the type of evidence that will be most helpful in identifying how to improve my service to clients and any other stakeholders in my work?

Table 16.1 Ethical principles and accountability based on evidence

Ethical principle	**Reasons for accountability based on evidence**
Confidentiality	Maintain the privacy of all information shared in the context of our work, only disclosing it with the service user's consent, or when required or permitted by law
Honesty	Being truthful
Transparency	Ensure people are fully aware of what services are being offered, the qualification of those offering the service, any changes to the service provision and any risks, benefits and alternatives that may be available.
Do no harm	Do no harm to people using our services, which includes avoiding actions that may cause physical, psychological, or emotional harm
Best interest	Act in the best interest of those using our services by promoting their wellbeing and taking positive steps to help them and prioritizing their needs
Respect	Respect the right of those using our services to make their own decisions and support their ability to act independently, wherever possible
Fairness	Treat all clients fairly and in line with equality law obligations, providing equitable and inclusive access to services

Ethical principle	Reasons for accountability based on evidence
Anti-oppression	Be aware of relational power dynamics, ensuring relational power imbalances do not create or lead to marginalization or minoritization
Trust	Ensure all our actions are based in, and informed by, a commitment to trust
Collaboration	Wherever possible, work in partnership with people to agree how we will work together
Compassion	Hold compassion and kindness at the core of all our work
Integrity	Be transparent and ethical in our dealings with others

In practice, each of the ethical principles in Table 16.1 relates in different ways to some core questions:

> How effective is the service?
>
> How safe is the service? What are the potential risks and how is harm avoided?
>
> How do I know?
>
> To whom am I accountable for the answers to these questions?

Professional confidence in counselling is much more secure when built on meeting the challenges of accountability based on honest assessments of strengths and weaknesses and a well-informed commitment to continue to develop and improve the service on offer. Resilience and sustainability are strengthened by appropriate accountability. In many ways all of this seems straightforward and perhaps a statement of the obvious to any conscientious counsellor. Unfortunately, the appearance of straightforwardness for counsellors

quickly disappears when we ask them ‘How effective is the service?’ and ‘How do you know?’.

Pause for reflection 16.1

\a Evaluating your practice

How do you know what you do as a counsellor is helpful to your clients? What measures of ‘success’ do you draw on to think about outcomes?

Counsellor engagement with research

Counselling research has grown significantly over the past few decades, and BACP’s annual research conference, now in its third decade, continues to be popular with both those presenting their research as well as an interested audience. The availability of Master’s and doctoral programmes in the UK higher education sector has seen greater engagement by counsellors in undertaking research. In a range of settings too, counsellors are often required to engage with process and outcome measures (Evans and Carlyle, 2022), as well as what the evidence tells us about our work (Cooper, 2026).

Understanding whether the therapy being used with a particular client is likely to be helpful arguably is as important as in other disciplines, such as medicine. After all, why would a client attend for counselling if the approach being used by the counsellor had – at best – little evidence to demonstrate any degree of efficacy, or – at worst – a potential for harm?

Evidence-based, evidence-informed practice and practice-based evidence

The evidence-based practice (EBP) movement started to become internationally influential in the 1990s as a scientifically robust way of distinguishing between interventions that worked and those that did not in both health and social care. The basic ideas behind EBP are very straightforward. It involves scientifically rigorous ways of systematically assessing the effectiveness of any type of treatment or intervention. It is motivated by a quest to fulfil the ethical principles of doing good and avoiding harm by providing scientific knowledge about the effects of different treatments. The most widely used method for analysing the impact of treatments or interventions is the randomized controlled trial (RCT). It involves providing a specified treatment to one group of people and comparing the outcomes with another group of people with identical characteristics who have not been given the treatment. All participants in the research have an equal chance of being allocated to either the treated or untreated group. The group who remain untreated are known as the control group. The characteristics and progress of the treated and control groups are measured in the same way so that the effect of the treatment can be analysed statistically to high levels of accuracy.

RCTs are widely regarded as the ‘gold standard’ for researching effectiveness. Only a systematic review of several RCTs will usually lend more weight than a well-run single trial. So much evidential weight is given to RCTs that they effectively determine the clinical guidance offered by NICE (National Institute for Health and Care Excellence) or SIGN (Scottish Intercollegiate Guidelines Network). There are similar systems of guidance in the USA and Australia and many other higher-income countries.

Evidence-informed practice (EIP) adopts similar principles to those of EBP, but it draws on a wider range of evidence to support claims. Rather than being tied more rigidly to the ‘gold standard’ evidence of RCTs, EIP will draw on wider forms of evidence, such as single case studies, qualitative research and systematic reviews of previously published research, to draw together a picture of good practice *informed* by a wider range of materials.

It would be difficult to overstate the significance of the NICE and SIGN guidelines as they are having increasing influence on the commissioning and delivery of psychological services and only recommend therapies for which there is RCT evidence of effectiveness. The available evidence for counselling as an exploratory, non-directive or relational form of therapy is unfortunately relatively weak, with only a small number of studies showing some evidence of a short-term effect. This stands in marked contrast to cognitive behavioural therapies (CBT), where many more studies have been conducted and have demonstrated much stronger effectiveness in the treatment of depression and anxiety disorders.

The SIGN guidelines (2010) simply state that ‘there is insufficient evidence on which to base a recommendation’ for counselling’. A lack of evidence points to ‘not knowing’ rather than knowing that something is ineffective or, even worse, harmful. The danger for counselling is that there are other therapies that have strong positive evidence. Practitioner experience is regarded as being a much lower level of evidence in the hierarchy of evidence. It falls below the threshold of evidence that influences clinical guidelines like those of NICE or SIGN that determine decisions about what types of service to commission and fund in the public sector and increasingly in commercial sectors. The scientific values behind RCTs mean that they favour scientific evidence rather than the recommendations of practitioners, no matter how eminent. ‘Eminence-based practice’ is frequently compared unfavourably with evidence-based practice.

Making sense of this situation is not easy as there are many issues in play. As counsellors we tend to favour qualitative research and evidence as being most informative for our practice, which is mainly language-based. Many of us do not have the expertise or desire to interrogate or replicate the statistical analysis required in RCTs. Furthermore, there is a sense of unfairness that funding, for what are very expensive experiments, has been more readily available for research that investigates CBT than for counselling. There is a concern that research led by advocates of CBT may have been more conscientious in ensuring the quality of CBT practitioners than for

counsellors. It is certainly the case that the leaders of the evidence-based movement have been very successful in advancing their case with policy-makers, and that this is now the leading approach internationally that seems set to become even more firmly established.

The ethical case for EBP is hard to refute, even when the conclusions are unwelcome or based on unfamiliar statistical techniques. It is a scientific methodology that directly addresses effectiveness, safety and efficiency more directly than any current alternatives. These are all substantial concerns in professional ethics. Like all science, the knowledge is provisional and may change with new studies or as the methodology is refined to support more sophisticated analyses. Cooper and Reeves (2012) argued that we would be mistaken to simply stand by passively in the hope that either RCTs will be superseded by methodologies more favourable to counselling or that guidelines will widen their evidence base to accommodate the qualitative types of evidence favoured by counsellors (even if clinical guidelines widen the evidence base, this will apply equally to all therapies under investigation so other therapies may still retain or strengthen their advantage).

Another possible way forward is to use the collective resources and expertise of our large professional organizations, anywhere in the world, to seek funding for RCTs that investigate issues relevant to counsellors and use the findings to inform how we develop our services. In parallel with promoting professionally relevant RCTs, it is equally useful to periodically undertake systematic reviews that gather all types of quantitative and qualitative evidence to investigate the impact of counselling in different settings or for particular issues.

Pause for reflection 16.2

\a Use of research

What are your views about the relationship between the delivery of counselling, and research? Would you consider yourself a practitioner–researcher, a critical consumer of research, or generally disinterested in research? How might this shape your work as a counsellor?

Evidence-based service development: NHS talking therapies

Improving Access to Psychological Therapies (IAPT), an evidence-based development of services in England to address the shortage of services for people with psychological difficulties. started in 2006 with £3.7 million to set up pilot projects in Doncaster and Newham to work with people experiencing depression and anxiety. The service was substantially extended in 2011 to increase its geographical coverage and the types of problems addressed. This was even more remarkable because the UK was in the depths of an economic recession which was leading to cuts in many other publicly funded services. Layard and others (Layard et al., 2007) championed a service, which later became IAPT, since then re-named to 'NHS Talking Therapies for anxiety and depression', building the case by referring to NICE guidelines and arguing for the national economic benefits that an accessible service could provide.

The model for delivering the service is significantly different from how professions traditionally protect their standards by having a single point of entry to the profession to deliver a variety of levels of service, including some for which the professional may be over-qualified and therefore probably more expensive than would be strictly necessary. The aim is to respond quickly to demand with the lowest level of service appropriate to someone's condition in order prevent their condition developing and requiring more costly and demanding treatments. For clients, a stepped approach has the advantage of speed of response and ensuring they have the least time-consuming and intrusive treatment possible. For the agency

there are efficiencies in how the service is delivered to the largest possible number of people at the lowest cost. The main principles of NHS Talking Therapies states:

> NHS Talking Therapies for anxiety and depression services provide NICE-recommended psychological interventions for adults and older adults with anxiety disorders and/or depression. This can be standalone or in the context of a long term physical health condition where this can be managed effectively in a uni-professional service. Evidence-based therapies are delivered by trained practitioners, with or without concurrent pharmacological treatment. (NHS England, 2025)

Even when allowance is made for the ambition of the scheme and initial difficulties in introducing new services, some counsellors still have reservations based on their direct involvement. One reservation relates to the level of form filling required of clients as part of their therapy and monitoring of their progress. Some would argue that it is disproportionate to the benefits for clients. Too much data-gathering for monitoring takes the focus away from their needs. There is also a substantial amount of paperwork demanded from practitioners, and again some would consider this to be more onerous than helpful or even a substantial distraction (Mason and Reeves, 2018).

The focus on statistics is invaluable to scientists wanting to understand the impact on cohorts of clients. It is also the language understood by NHS senior managers and the Treasury, who will want to assess value for money. The scientific paradigm offers the most valid and reliable ways of undertaking this type of monitoring and evaluation. Some counsellors appreciate the strategic purpose of this way of working. For others, the emphasis on quantification is alien. Many counsellors are more familiar with and have been trained to make qualitative assessments around individuals and their specific contexts. In the UK, perhaps more so than in the USA, counsellors are trained in and rely heavily on interpretive and

postmodern paradigms which value different types of knowledge from the natural and biomedical sciences.

Social justice in context 16.1

While the NHS Talking Therapies service has, in many ways, enabled more people to access the psychological therapies and has played a part in improving public awareness of talking therapies, its critics have suggested that insufficient numbers of people who access therapy through Talking Therapies get better, or stay better, and that the type of evidence used to inform therapy development has been too narrow, reducing choice for clients and limiting innovation in non-CBT approaches. Talking Therapies fundamentally speaks to what researchers call epistemology (the theory of knowledge) and ontology (the nature of being) and how positivism (objective measurement) still dominates the profession.

Evidence-based practice and practice-based evidence

Evidence-based practice and practice-based evidence are often framed as separate traditions; however, within contemporary counselling and psychotherapy they are more usefully understood as complementary and dialogical. Together, they invite practitioners to integrate research, clinical expertise and client experience in ways that remain both rigorous and responsive to the realities of practice.

1. Practice-based evidence (PBE) invites counsellors to consider the knowledge that emerges from their own practice as a valid and vital form of evidence. Rather than viewing research as something that happens elsewhere, in universities or laboratories, PBE recognizes that every counselling encounter holds the potential for learning. By systematically collecting feedback, monitoring outcomes and reflecting on the process,

counsellors generate their own evidence base, which is rooted in lived experience, context and relationship. It is an approach that values practice as inquiry: the counselling room itself becomes the place where knowledge grows.

2. What makes practice-based evidence particularly significant is its emphasis on responsiveness and reflection. Counselling is never static; each client brings a unique story, and each therapeutic relationship evolves in its own way. By engaging with data from their own work, be that client feedback, supervision discussions, or progress measures, practitioners can remain open, adaptive and accountable. It is about noticing patterns, questioning assumptions, and making informed adjustments in the moment. In this way, PBE is not just about measuring outcomes, but about deepening our understanding of what helps, for whom and in what circumstances.
3. Practice-based evidence does not sit in opposition to evidence-based practice (EBP); rather, it complements it. While EBP offers valuable insights drawn from research trials, PBE ensures that these insights are grounded and tested within the realities of day-to-day counselling. When both perspectives work together, they bridge the gap between theory and practice – between what research tells us should work and what practitioners find does work. Ultimately, practice-based evidence reaffirms a central truth in counselling: that evidence is not only something we read about, but something we create through our ongoing, reflective engagement with the people we support.

Monitoring and professional accountability

Monitoring services is less ambitious than scientifically proving effectiveness, but is every bit as important. Monitoring involves having processes that assess the delivery of services and the identification of trends or issues which inform the development or improvement of the service or provide alerts to something going wrong. It is the basis of the professional management of any service and provides the information to support proper accountability that

can be undertaken with integrity. The key questions are those with which we started this chapter:

> How effective is the service?
>
> How safe is the service? What are the potential risks and how is harm avoided?
>
> How do I know?
>
> To whom am I accountable for the answers to these questions?

The first task is describing the activities undertaken by the service in terms of numbers of clients seen, their main characteristics against gender and possibly age group, the range and average numbers of sessions received by clients, and the issues for which counselling is sought. In some services, this basic information needs to be matched against information about the numbers of counsellors involved or income. The aim is to give a meaningful overview of the service and its activities as the basis for answering the key questions.

The best way of gathering information about how a service is experienced is by gathering information from clients. It is their experiences and opinions about the service they have received that are essential to understanding the perceived effectiveness of the service. The absence of a control group means that it is not possible to measure effectiveness against scientific standards, but knowing the client's perceptions of the service is often more informative, operationally and ethically, about the quality of what is provided. The simplest way of doing this is an exit questionnaire. In practice, many services are more sophisticated than that. Many provide initial self-assessment forms and repeat many of the same questions at strategic points during the counselling or at its end to provide better quality insights into how the counselling has affected clients. For small services with limited resources, it may be appropriate to design

a simple questionnaire or to have a standard set of questions to put to all clients orally at the end of their counselling. The alternative is to subscribe to an independent system which has the expertise to design and analyse the responses. One of the most widely used system in the UK is CORE (Clinical Outcomes in Routine Evaluation), which not only provides forms free of charge but can also analyse the results in their own terms and against national benchmarks for a fee. Knowing how any counselling service performs in comparison to other services is probably one of the best starting points for understanding the strengths and challenges faced by the service.

Demonstrating the safety of services requires careful consideration of the risks to clients in the first instance, as well as to the people involved in working with clients such as receptionists and counsellors. A conventional way of doing this is periodically to review and identify risks and then to classify the likelihood of such an event occurring and the level of severity of the impact of that event if it were to occur. Something identified as having a high likelihood of occurring and severe impact would require immediate countermeasures to reduce both the likelihood and impact. For example, using computers without regularly updated security would represent a moderate to high risk of leaking client information that could have very adverse impacts on the service. The remedy is easy and should be implemented quickly.

Potential incidents that are unlikely to occur but would be considered as having a high adverse impact have to be considered carefully against the level of difficulty in preventing the risk. For example, the risk of one client attacking another with sufficient violence to cause serious injury would probably be assessed as relatively low in most services. However, the adverse impact would be high on the people concerned and the reputation of the service. Putting in place procedures and training to reduce the risk and ensuring effective responses when such a situation looks likely to arise would probably be a proportionate response. The arrangements to protect the safety of counsellors and other staff will also serve to protect the safety of

clients in many services. In contrast, difficulty parking in many town centre sites is high but relatively low impact in terms of safety, but the potential for disrupted appointments and quality of client experience could be high unless clients are alerted to the issue and advised on travel and parking arrangements. The aim is to have responses that are proportionate to the risk. Larger organizations may have risk registers in which risks are identified, assessed in terms of likelihood and severity of impact and any actions taken are recorded. These registers are then regularly reviewed and updated. The same principles apply for smaller organizations, and even for single practitioners working alone, while regular reviews may not be recorded so formally but more significant concerns could be discussed in supervision.

Another aspect of safety is considering the likelihood of counselling techniques putting clients at risk and how this might arise and what countermeasures may be required to protect clients. Some of them can be identified in advance and good practice guidelines developed in much the same way as for other risks. However, some of the risks may be less obvious to the counsellor than the client, or the counsellor may not appreciate the client's experiences. Providing an effective way for clients to raise concerns and carefully considering the issues raised are usually the best way of enhancing client safety and improving the quality of their experience. Again, it is often easier to provide opportunities to raise issues in larger services than with counsellors working alone. In both cases it is ethically desirable not to become over-defensive in ways that discourage clients from raising concerns or leave them feeling blamed or pathologized. Keeping a record of any issues that have been raised and actions taken and periodically reviewing this record are another part of the monitoring process that helps to promote safety. Any service that experiences no issues being raised by clients must consider the likelihood that everything is so perfect that there are no issues to be raised or whether there are hidden obstacles to clients raising issues. Services that routinely and systematically collect client feedback are much less likely to have significant issues passed over and unreported until they grow into major problems.

Accountability to whom?

For counsellors working in agencies there is usually dual accountability, to a counselling supervisor and a service manager. Counsellors will usually be discussing issues around the safety and effectiveness of their work, and particularly around individual clients, with their supervisors. Some of the issues raised may have implications for the overall running of the service and therefore will be appropriately considered in staff or team meetings or raised with managers. It is usually the managers who take responsibility for overseeing the development of policies and their implementation about effectiveness and safety. Depending on the type of organization, the managers may be working within a hierarchy of accountability ultimately reporting to a board of trustees or governors responsible for overseeing strategy and governance.

Sole practitioners are often more isolated and lacking in opportunities to share the responsibilities for monitoring effectiveness and safety than colleagues in an organization. The counselling supervisor may be the only person with formal responsibilities for oversight. Professional networks of sole practitioners who meet to discuss practice issues can be a viable way of keeping in touch with developments elsewhere, and provide a forum in which to report and discuss issues arising from monitoring the services provided.

The group of people who have most at stake in the quality of service providers are the clients. They are the primary stakeholders. Some services have developed ways of reporting back to client groups on the basis of ‘You said … We did …’. Others have client groups that are more actively involved in developing and commenting on policy and practice at an earlier stage. However, the ethical commitment to protecting client confidentiality and privacy may make this inappropriate for some services. The challenge for all services of all types is how to engage with clients constructively on issues concerning effectiveness and safety.

The ultimate ethical function of all governance and monitoring activities is to enhance the quality of the service provided. The primary function of any service is to provide its frontline services. Everything else is secondary. Accountability and monitoring are essential but need to be proportionate to the benefits they generate for the frontline service or the viability of the service provided. This can involve difficult assessments of what are the desirable levels for accountability and monitoring. These need to be sufficient but not excessive. There is probably quite a range between these two extremes which will be viewed differently by different stakeholders. Professional bodies will often contribute to shaping the requirements and are the place for clients to raise concerns as a last resort, but it is so much better for all concerned to have good systems of accountability as close to the point of service as possible.

Conclusion

Being ethical requires counsellors to use both their therapeutic expertise and the best available evidence. Therapeutic expertise is acquired through training, continuing professional development and carefully reflecting on the experience with clients. The best available evidence may come from a variety of sources. Where evidence from good-quality clinical trials with control groups is available, this needs to be taken seriously but not uncritically. In some cases, it may be considered right to investigate and adopt practices that have been independently assessed as effective. In others it may be possible to incorporate elements of effective practice into existing ways of working. In yet other cases, it may be clear that findings from EBP (e.g. NICE, NHS, counselling research) will not work with a particular client group or in a specific context. The ethical responsibilities to do good and avoid harm require carefully considered judgements for which the counsellor is willing to be accountable and offer reasoned explanations to colleagues and clients.

Another major source of information to be considered in deciding best practice can be derived from monitoring and reviewing what

works well in a particular service. Depending on the service, this may be from the analysis of data in agency records and client feedback. Counsellors working in the UK will also have counselling supervision, which provides a further opportunity for careful consideration of all the available evidence to decide what is currently best practice and most likely to help clients.

When a general strategy for best practice has been selected for the counselling being offered by an agency or an individual counsellor, there are still judgements to be made about individual clients, and these start with the client. Sackett (1996), one of the most cited experts on EBP, was very conscious of the importance of ensuring that general principles should not override the specific needs and circumstances of individual patients or clients. He defined EBP as 'the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical [or counselling] expertise with the best available clinical evidence from systematic research' (1996: 71). Making judgements that fit individual clients requires consideration of three elements:

1. Client values and experiences.
2. Counsellor expertise.
3. Best research evidence.

It is tempting to overstate the differences between EBP and EIP and other approaches that prioritize a counsellor's relationship with a client. Effective EBP still requires that clients are the primary focus, and building a strong counselling relationship with clients adds to its effectiveness. Client-focused approaches to counselling are not free of theory or knowledge. The ethical challenge for these approaches is to test the effectiveness of this theory and knowledge for the counsellor's clients. Not to do so would have the effect of prioritizing the counsellor's beliefs and values over the interests of the client, which would be fundamentally inconsistent with any of the approaches to counselling built on client-centred values.

PART IV THE WHOLE PICTURE

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17 Ethical problem solving

Chapter overview

Ethical problems and dilemmas are an inescapable part of being a counsellor. This chapter sets out a model for ethical problem solving and considers its application to three examples.

Key words

problems, issues, dilemmas, responsibility, action, evaluation

Whenever you are confronted with a problem or dilemma about ethical standards, it is useful to approach it in a systematic way. This maximizes the likelihood of reaching a solution which you are confident is the best possible outcome. This chapter contains a six-step process that is a development of an ethical problem-solving model derived from American sources (Paradise and Siegelwaks, 1982; Austin et al., 1990). It follows the basic principles of many problem-solving models used by counsellors with their clients but adapted to fit ethical problem solving. It has stood the test of time and anecdotal evidence suggests this model is often used by counsellors, perhaps in supervision, to consider situations they encounter in their work. It works best when it is taken as a basic framework and used to consider as wide a range of options as possible before deciding.

Produce a brief description of the problem or dilemma

Making sure that we can produce a short spoken or written conceptual description of the main elements of our ethical dilemma is useful. Sometimes doing this reduces our confusion so effectively that the problem disappears. On the other hand, if the problem remains, we then have a good starting point from which to seek assistance and clarify the main issues to be considered. Struggling to define a problem is often a good indication that it is something that needs discussing with a counselling supervisor or another experienced counsellor. If it cannot be summarized, perhaps that is an indication that the problem is not clear yet. It is very difficult to make much progress in discussion of the issues until the main issues of the problem can be identified. It may be that some of the later steps will lead us to revise our description of the main points, but a short and clear statement of what these appear to be is a good starting point.

Whose dilemma is it anyway?

This is a basic question that often casts a sharp light on the darkest of ethical problems in counselling. Counselling is an activity that requires careful monitoring of boundaries of responsibility to ensure that these are not becoming blurred. Chapter 6 suggested a useful way of approaching boundary issues, starting from the position that the counsellor is responsible for the process and methods used whilst the client holds responsibility for the outcome of the counselling. Often this general principle is very helpful, especially where the ethical issue concerns the relationship or work within the counselling. There may be rare exceptions to this principle where the counsellor considers that they hold some responsibility for protecting the client from suicide or protecting others. Protecting the client from harm is most likely to arise when the client is a young person or child, or a vulnerable adult. Protecting others may arise where the client threatens serious harm to another named person, especially if that person is also a client. It may be that there are good reasons for believing that a client is so distressed that they are incapable of taking responsibility for the outcome of the counselling and pose a

threat to others. Fortunately, these situations are rare, and some counsellors may never encounter them. Nonetheless, it is a useful starting point to ensure that we have established the boundaries of responsibilities between ourselves and our clients.

The following scenarios are examples of issues relating to ethics and standards classified according to boundaries of responsibility.

Perspectives from practice 17.1

\a Clients

Sheila decides she cannot face telling her partner that she has stronger feelings of attraction for someone else. She makes the decision to lie to her partner about the time she is spending with her new lover.

Trevor is feeling guilty about money he has embezzled from his employer. He had intended to pay it back, but he has lost the money through gambling. He knows it puts the future of the business at risk. Should he tell his employer? (If the counselling is taking place in the work setting, it is likely that this would become a dilemma shared by counsellor and client.)

Perspectives from practice 17.2

\a Counsellors

Zoe is very wealthy and, having fallen out with all her close family, has decided that she wants to make a will bequeathing all her possessions to her counsellor. Her counsellor suspects that this is manipulation to win his support for Zoe's side in a family dispute. He also knows that if he accepts the bequest, it

is likely that it will be suggested that he used his position of influence to persuade Zoe to make him a beneficiary. On the other hand, he would welcome being donated a large six-figure sum of money.

Frances has been talking in counselling sessions about her difficulties with someone who is already well known to her counsellor. Does he tell Frances that he knows the person she is talking about and risk inhibiting her, or does he stay silent?

Rachel has sought counselling from the student counselling service about whether to leave a course before its completion. Her counsellor knows that if one more student leaves this course it will be closed, and the remaining students will be transferred to other courses. For one of the other very vulnerable clients this could be disastrous as she sees this course as a lifeline. It could also have serious consequences for other students and staff.

The organization that employs the counsellor wishes to impose a restriction on the number of sessions he can offer to any one client. He knows that the maximum number of permitted sessions is unrealistically low for the majority of the clients he sees for counselling. What should the counsellor say to new clients who might be affected by the proposed policy? What should he do about the proposed policy?

Perspectives from practice 17.3

\a Counsellors and clients

Bill is unbearably stressed by his work, but he needs the income to support his partner and children. He decides that he must leave his employment but is feeling guilty about letting his family down. Therefore, he decides to lie to his wife and

says that his counsellor has said that he should give up work. To add credibility to his deception, and without the counsellor's knowledge, he tells his wife that the counsellor is willing to see her and explain his recommendation. Bill's wife has arranged an interview with the counsellor. When she contacts him, the counsellor becomes aware that Bill has woven him into his deception, and he will need to decide how far he is willing to share in the deception or distance himself from it while respecting Bill's rights as a client.

Susan seeks counselling about an eating disorder. She states that she is not receiving counselling or therapy from anyone else. The counsellor agrees to be her therapist. Several sessions later, Susan admits to having lied about not having another therapist. She had a prior agreement to work exclusively with someone else. She does not want to stop seeing the counsellor or the other therapist and values her work with the former. She feels unable to discuss seeing the counsellor with the other therapist.

One of the reasons for deciding at this stage who holds responsibility for the dilemma is that it may make all the subsequent steps in this model unnecessary. If a client has sole responsibility for the dilemma, it is most appropriate for the counsellor to explain the issue to the client and help that person make their own decision. Where there is joint responsibility, some clarification and negotiation with the client will usually be indicated. The stages that follow are particularly appropriate for the resolution of dilemmas that are primarily a counsellor's responsibility. On the other hand, the model is flexible enough to be shared, wholly or partially, with some clients to help them decide issues that are their own responsibility or joint responsibilities with the counsellor.

Consider all available ethical principles and guidelines

The aim of this stage is to become better informed about possible ways of resolving the ethical dilemma. It is helpful to review the ethical codes published by all the professional associations who hold a PSA accredited register in the counselling professions. Some ethical issues cannot be decided without consideration of the law. Up-to-date publications may be useful but if the matter is complex or there is uncertainty about the law, it is strongly recommended a counsellor take legal advice. Some general questions that may come up are:

1. What actions are prohibited by law?
2. What actions are required to be performed by law?
3. What rights and responsibilities does the law protect?

In the absence of any relevant guidelines or definitive legal advice, a counsellor may find they need to consider the issue on the basis of general ethical principles. For example, BACP (2018a) uses twelve principles that underpin its *Ethical Frameworks*, as outlined in Table 16.1.

In counselling, the first principle is especially important and will often prove decisive, particularly if it is possible to act in ways consistent with satisfying one or more of the other principles. At the end of this stage counsellors would hope to be clearer about which goals are ethically desirable. This will then provide an orientation and some criteria for choosing between possible courses of action.

Identify all possible courses of action

This stage is an opportunity to brainstorm all the possible courses of action that will achieve the ethical goals identified in the earlier stage. Some courses of action will seem highly probable ways of resolving the dilemma. Others may not seem feasible. However, it is better not to discard the less realistic ideas too readily because sometimes these will contain the basis for an original approach or new insight.

Select the best course of action

A former Chair of the American Association for Counseling and Development (Stadler, 1986a, 1986b) proposed three tests for a chosen course of action that have their origins in moral philosophy and have stood the test of time: these are composed of a series of questions:

Universality

Could the chosen course of action be recommended to others?

Would I condone the proposed course of action if it was done by someone else?

Publicity

Could I explain my chosen course of action to other counsellors?

Would I be willing to have my actions and rationale exposed to scrutiny in a public forum (e.g. at a workshop, in a professional journal or newspaper, or on radio/TV)?

Justice

Would I do the same for other clients in a similar situation?

Would I do the same if the client was well known or influential?

If we find that the answer ‘no’ applies to any of these questions, we may need to reconsider our chosen outcome. A final step in identifying the best course of action may be to check whether the resources are available to implement what is proposed.

The aim of this stage is to make an informed choice between all the possible courses of action identified. Consideration of guidelines and the law in the previous stage will be useful but may not be decisive. Asking these questions can therefore usually prove very informative.

Evaluate the outcome

After we have implemented a course of action, it is useful to evaluate it to learn from the experience and prepare for any similar situations in the future:

Was the outcome as I hoped?

Had I considered all relevant factors with the result that no new factors emerged after I implemented my chosen course of action?

Would I do the same again in similar circumstances?

Examples of ethical problem solving

This section presents some examples of how this model of ethical problem solving might work in practice. The first two raise the issue of dual relationships. The third and fourth pose what participants in training workshops often consider to be amongst the most difficult ethical dilemmas: child protection and confidentiality. The aim of these examples, and of the fifth example, which relates to working online, is to illustrate how the model works rather than suggesting that the conclusions are necessarily right. The same model can be used but produce different conclusions.

Dual relationships

Perspectives from practice 17.4

\a Pam

A counsellor is approached by Pam, the teenage daughter of a friend, who asks him to offer her counselling. The counsellor hardly knows Pam but it is apparent that she is emotionally troubled and has dropped hints about not eating properly. Pam is insistent that from her point of view he is ideal as a counsellor as he is neither a stranger nor too close. She turns down any suggestion of seeing anyone else. It has taken her months to pluck up the courage to speak to the counsellor. The counsellor checks with her mother, who is a friend of his. She is supportive of the idea and offers to pay whatever is the usual fee. The counsellor feels her friendship matters to him.

Perspectives from practice 17.5

\a Kareen

Kareen is very pleased with the help she has received from her counsellor. She would like her daughter to see the same counsellor.

Pause for reflection 17.1

\a Ethical problem solving

For each example, use the ethical problem-solving model to identify the issues that the counsellor ought to consider. What ethical issues do these requests raise? How ought the counsellor to respond?

We have outlined below a commentary on the scenario concerning Pam in the first example to show what an ethical problem-solving approach might look like.

The first step is for the counsellor to produce a brief description of the dilemma. The main elements are:

Divided loyalties if the counsellor takes on Pam as a client between her interests as a client and his friendship with her mother. What if Pam's difficulties involve her relationship with her mother or perhaps abuse within the family?

As a subsidiary issue, the management of confidentiality in relation to the mother, also a friend. The counsellor suspects that neither Pam nor her mother understands some of the potential complications of what is proposed.

A further subsidiary issue: the payment for counselling by someone other than the client when there is uncertainty about that person's role in the client's problems. This could be considered once the other issues have been resolved.

The second step is to consider whose dilemma is it anyway? As it is presented, Pam and her mother are in agreement, and the onus is on the counsellor to accept or reject the role of counselling Pam.

The third step is for the counsellor to consider all the relevant available codes and guidelines, especially those that relate to his registration as a counsellor or produced by his professional body. BACP's *Ethical Framework* places responsibility on counsellors for

determining the potential beneficial or detrimental impact of dual relationships on clients, and that they should be readily accountable to clients and colleagues for any dual relationships that occur (BACP, 2026). Similar requirements have been stated by other national bodies. Some models of counselling are more open to this type of dual relationship than others. For example, it might be more problematic maintaining professional distance in a psychodynamic approach than in a person-centred or cognitive behavioural way of working. The situation raises the question of whether the overlapping and pre-existing relationships are avoidable. The possibility of referral has been considered but this is unacceptable to Pam. There is also the additional requirement to explain the implications of maintaining boundaries to Pam, and perhaps secondarily to her mother. In what ways might the boundaries become blurred? For the client, it is a potential dual relationship with Pam as ‘counsellor’ and ‘mother’s friend’ simultaneously. A secondary issue is the potential dual relationship with Pam’s mother as ‘daughter’s counsellor’ and ‘friend’.

Ethical attitudes to dual relationships have relaxed on both sides of the Atlantic, from an instinctive prohibition to placing a great deal of responsibility on the counsellor for determining the therapeutic impact of such a relationship and ensuring that the benefits outweigh anything detrimental (Corey et al., 2003; Syme, 2003; Gabriel, 2005; Sommers-Flanagan and Sommers-Flanagan, 2007; Amis, 2017).

There are no apparent legal constraints. Therefore, the next step is for the counsellor to consider all possible courses of action. These will include:

refusing to take Pam on as client, stating the reasons;

offering a ‘white lie’ for not taking Pam on (e.g. too busy, not working with teenagers);

agreeing to see Pam but only once she understands the potential conflicts of interest and has explored how she wants the

counsellor to deal with any issues relating to her mother;

agreeing to see Pam, but for as long as the counsellor is doing so minimizing contact with her mother, and having a clear agreement with both Pam and her mother about confidentiality and what may be communicated;

accepting the risk of losing a friend by seeing Pam;

seeing Pam for a fixed period with a review at which the possibility of referral or continuation will be considered.

The final stage is for the counsellor to choose a possible course of action. This choice will depend on the exact circumstances of the situation and his assessment of the possibility of maintaining clear boundaries and the likelihood of being able to help Pam. Perhaps it would be preferable to decline this dual relationship on ethical grounds given that it is likely that Pam will have issues relating to her mother, which she will need to explore and resolve for herself in the process of overcoming her eating disorder. The existing friendship with her mother is likely to complicate this process both for Pam and her counsellor. If there were any role to take on, it would be to assist Pam in finding a source of help which she considered acceptable and perhaps offering to be present to introduce Pam to her counsellor or therapist before they start working together. It would be important to be quite firm about the ethical undesirability of taking on the role of counsellor in these circumstances, and being quite active in giving Pam information that could assist her search for an alternative source of help. He would be unlikely to charge any fees for providing this information, so the subsidiary problem would not arise. However, it is often an issue when seeing young people, so it is worth considering.

The third-order issue of payment of fees by someone other than the client is often tricky, especially if a client's relationship with the person making the payment might be an issue in the counselling. It is possible that the client will experience a sense of guilt about using

counselling to explore difficulties with the benefactor and may avoid this subject. The counsellor may experience similar inhibitions. This arrangement therefore may be contrary to an ethical commitment to respecting the client's autonomy, which implies actively promoting the client's control over her life. Several alternatives exist here:

reducing the fees to a level where the client can afford direct payment;

the client making a contribution towards the fees paid by someone else;

suggesting that the money for fees be given as a gift to the client, who takes responsibility for managing payment to the counsellor.

Any of these arrangements would be preferable to direct payment by the mother, which might further confuse an already difficult set of dual relationships. It might be preferable to reduce fees to a level the client can afford directly. This provides the best way of placing the client in control of the counselling relationship. However, if this is not feasible, the client may make a contribution to the fees and take responsibility for managing the payment of fees.

Child protection and confidentiality

Perspectives from practice 17.6

\a James

James, a 19-year-old client, is seeing a counsellor for help with friendship difficulties and low self-confidence. After a few sessions, he hints that he is being sexually abused by an adult but asks for a promise that the counsellor will keep what he says confidential before he is willing to say more. Later he

reveals that his abuser may be abusing younger relatives but he insists on having his confidentiality protected.

Perspectives from practice 17.7

\a Frank

Frank is a young adult who is very insistent that he wants his confidences about his own experience of being abused by his step-father and the possible risks of abuse to his younger step-brother, Alfie, is kept confidential.

Pause for reflection 17.2

\a James and Frank

Using the ethical problem-solving model, for each of these two examples what are the main issues you would consider to help you reach a decision? How would you implement your decision in ways that are consistent with the values of counselling?

This is an increasingly common situation for counsellors. It is a welcome development that people are more likely to seek help for the consequences of being abused and that there is greater public awareness of abuse and neglect. It is so much better to be able to talk than suffer in silence. A commitment to prevent and detect child abuse has steadily grown in importance in public policy. It is also the case that child protection services have greatly improved, but they vary from area to area. No matter how much local services have improved, a young person who has experience of being abused is

likely to be wary because they have direct experience of the harm that humans can inflict on each other. In each of these examples, a young adult has taken the first cautious step in putting his trust in another person, a counsellor.

In real life, the counsellor will have some sense of how far this is trust based on a developing sense of each other or whether James, for example, is seeking help out of desperation to escape an intolerable situation. Where it is the former, the counsellor will want to honour the trust that is being offered. Where James is beginning to talk out of desperation, the counsellor will be aware of his vulnerability and emotional pain. It is often the case that communications about being abused are usually prompted by a mixture of hoping to be able to trust someone and the desire to get out of an intolerable and painful situation. Being ethical in such circumstances is a matter not only of professional integrity but also of helping someone to begin to trust again.

The dilemma in this case arises from James's request for confidentiality. Increasingly, counsellors will feel a moral obligation to act to protect vulnerable young people from abuse in relationships where they are systematically disempowered, or counsellors are under actual legal obligations arising from a contract of employment to report current child abuse. How should a counsellor respond to James's request for a promise of confidentiality? The tension is between working in ways that build a client's confidence and trust to counteract an abusive relationship or to intervene and attempt to build that relationship afterwards. So much will depend on:

- the counsellor's sense of the young person and what they will tolerate or, preferably, actively support and the significance of forming a therapeutic relationship;

- an assessment of the overall best interests of the young person concerned;

- the severity of the abuse and the imminence of any repetition;

any known risks to other young people being abused by the same perpetrator;

the legal framework in which the counsellor is working, particularly the contract of employment and whether or not the service falls within statutory children's services (see Mitchels and Bond, 2021).

These sorts of situations are difficult to predict, and it is unwise for counsellors to promise total confidentiality. It is generally much better if they actively consider how to remain respectful and trustworthy for the young person concerned. In some cases, this may require reporting concerns about current abuse to a client or others whilst being supportive of that client. This may mean being actively involved in the referral process and possible case conferences following a disclosure to the authorities. The fear for a counsellor is that breaking a client's confidentiality before they feel ready to do so will destroy the trust they have placed in the counsellor and be experienced as an additional betrayal. As services and procedures for investigation are developing rapidly in this field, it is sound practice for counsellors to seek the advice of specialists in child protection. Such discussions can often be opened in ways that protect the anonymity of the client until either the client is ready to consent to disclosure or it is considered that the seriousness of the situation requires immediate disclosure. For the ethical basis of confidentiality, see Chapter 9.

Working online

Here we consider ethical decision-making when a client requests to move to online counselling.

Perspectives from practice 17.8

\a Emily

Emily is working with a client who is moving to another part of the country. Her client would like to continue working with her online. Emily is unsure whether this is a good idea, therapeutically and ethically.

Pause for reflection 17.3

\a Emily

What are the issues that need to be considered and how ought Emily to resolve them in her practice? How might she use the ethical problem-solving model in supervision?

In broad terms the ethical issues of working online are remarkably similar to working face to face, but the use of digital technology may introduce new twists in how issues arise and how they may be solved. This will become readily apparent from the start of the ethical problem-solving model.

Whose dilemma is it?

At this point it is the counsellor's. She has a decision to make and communicate to her client.

Consider all the available ethical principles and guidelines

As was discussed in Chapter 10, there is a rapidly growing body of useful literature and online resources to assist the counsellor and her supervisor in identifying what the key issues might be. In a rapidly changing field, drawing on some of these resources would be highly advisable.

Others may be selected because they are still viewed as authoritative guidance or have been issued by the professional bodies to which the counsellor is accountable. The many different issues that will need to be considered suggest that it will be advisable for a counsellor to compile a list, such as the example list below.

1. Type of communication to be used. These include texting, Twitter, Facebook, LinkedIn or other social media, email, video conferencing by Zoom, Microsoft Teams or purpose-designed secure platforms for counselling.
2. Balancing security against accessibility. Factors that will influence this balance will be:

    the client's views on the sensitivity of what they intend to discuss;

    what is technologically and financially possible;

    the counsellor's assessment of the risks professionally;

    selecting the best supported system;

    availability of training in the technological and therapeutic methods to be used.

3. Adapting the contract from face-to-face to working online by:

    establishing acceptable alternative means of communication in case the preferred method of working fails, for example landline or mobile phone, texting or email;

    ensuring that both client and counsellor update and maintain the security and functioning of their respective links;

stating how work will be charged and paid;

securing confidentiality requirements for any additional technological support or therapeutic supervision.

4. Other issues:

insurance (most insurance companies require notification);

registration with the Information Commissioner's Office (or equivalent) and data protection requirements;

if working across national boundaries establishing which legal system applies, thus avoiding infringement of professional regulations requirements.

Identify all possible courses of action

At the top level, there are two potential courses of action. The counsellor may accept or decline the client's request. However, these two options may depend on a second level of decisions about what sort of online contact the client is wanting and the practical and ethical issues associated with the selected methods of communication.

Select the best course of action

A great deal will depend on the counsellor's assessment of the suitability of the client for working online and her own desire to take on the challenges of working online. For someone who has a suitable client, good technological knowledge, access to relevant training or support and an appropriate supervisor or others to consult, the possibility of starting with a motivated and willing client may seem an attractive option. Any significant doubts on any of these points suggests that it would be better to decline the request. It

would be hard to answer positively the three tests of universality, publicity and justice outlined earlier in the chapter.

Evaluate the outcome

If the counsellor decides to proceed with adequate preparation, the nature of the problem changes: it is no longer hers alone. Deciding the best way of working will mean adequately informing the client about the issues both counsellor and client need to be aware of, and developing a joint approach to distributing responsibility and risk between them will be necessary to establish an ethically secure therapeutic relationship. Both parties will be on a steep learning curve so regular reviews will be desirable. The degree to which it is considered appropriate and the client is willing to engage in a new professional enterprise, possibly on an experimental basis, will be decisive.

If the counsellor declines her client's request for online working, then she may want to consider whether she feels any responsibility for helping her client find suitable counselling in her new location or another source of online counselling.

Relational ethics and decision-making

Relational ethics, as discussed in Chapter 4, foregrounds the idea that moral decision-making cannot be confined solely to abstract principles or detached rules; rather, it situates ethical reflection within relational processes, contexts and power dynamics that shape our decisions. Gabriel and Reeves (2024) highlight that by recognizing the ongoing interplay between individuals, communities, institutions and the broader social environment, practitioners are better positioned to appreciate how choices reverberate beyond the immediate act. Through this lens, decision-making becomes not just a question of 'Which rule applies?' but 'What relational field am I operating in, who is affected, and how do our connections matter?' In doing so, relational ethics prompts decision-makers to attend to

issues of trust, mutuality, vulnerability and interdependence — elements often neglected in conventional principle-based approaches.

Applying relational ethics in practice offers a dynamic toolkit for navigating complex, real-world dilemmas. This approach invites reflexivity: the decision-maker must ask what their own positionality, biases and relationships bring into the situation, and how these influence possible courses of action. It also encourages collaborative ethical inquiry: engaging with others, especially those directly affected, allies, even institutional interlocutors, to co-construct the meaning of ethical possibilities rather than relying solely on a predefined rulebook. In turn, this relational orientation enables more nuanced, context-sensitive decisions that recognize not only the immediate consequences of action, but the ongoing quality of relationships and the justice implications embedded within them. As a result, decisions made through a relational ethics lens are less likely to be ‘one and done’ and more likely to foster ethical practices that sustain relationships over time.

BACP's 2026 *Ethical Framework* (BACP, 2026: A) stresses the importance of being able to offer a rationale for decisions made, *We must be able to give a rationale that explains our reasoning and an account of the internal and external factors that informed the decisions we made, and actions taken*. The *Framework* states that ethical decision-making should be able to answer six key questions (2026: A):

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1. What are the ethical issues?
2. What steps will be taken to engage the person (client, supervisee, trainee, organisation, for example) in the decision-making process? If we are not doing this, or this is not possible, why not?
3. What are the key internal factors considered in the decision-making process? How will they impact the decision you make?
4. What are the key external factors considered in the decision-making process? How will they impact the decision you make?
5. What decisions were made and actions taken, what was their outcome and were they consistent with the Ethical principles and Core responsibilities set out in the Ethical Framework?
6. How was the process reviewed, and with whom?

Relational ethics reframes decision-making as an ongoing, interactive process rather than a single moral judgement. It reminds practitioners that ethical choices are lived out in relationships shaped by empathy, dialogue and accountability. By grounding decisions in connection and context, rather than abstract principle alone, relational ethics supports actions that are both morally sound and humanly responsive, fostering trust and integrity in professional practice.

Conclusion

Ethical dilemmas occur daily in counselling. Fortunately, most of them will be on a manageable scale after careful reflection. Many are more likely to be of the order of considering whether to refer a client, choosing what to discuss in counselling supervision, or deciding whether your client has consented to your proposed course of action. Resolving ethical dilemmas requires thought, knowledge and feeling, and may also demand the courage to make and sustain decisions. Carroll (1993) has likened resolving ethical dilemmas to general problem solving and argues that it is a process in which counsellors can become more skilled with training.

The models of ethical problem solving offered here are not definitive, but it is intended to be useful in everyday counselling. It is sufficiently flexible to incorporate insights from any of the seven sources of professional ethics outlined in Chapter 3. Ethical dilemmas are usually a professional and personal challenge, but they can also be a source of new learning for the counsellor (Bond, 1997) when that learning is shared with the profession.

Pause for reflection 17.4

\a Learning from experience

In a busy professional life, it is tempting to overlook problems that are successfully solved and to keep the available attention on problems yet to be solved and those that are hard to resolve. How do you keep a balance between problems solved and those that are unresolved? Are you able to apply learning from resolved problems to those pressing to be solved?

18 Implications for practice

Chapter overview

This chapter considers the implications of counselling becoming a mainstream professional activity and how that requires reinvigorating our ethical commitment. Holding the individuality of the human relationship at the centre is a good way of achieving this. The distinctive elements of counselling practice that support us in achieving this goal are reviewed. The chapter closes with consideration of the role of ethical mindfulness.

Key words

professional, regulation, scandals, supervision, ethical mindfulness

The ethical context of counselling continues to change in ways that require counsellors to reconsider established ethical practice. Changes tend to be progressive and incremental, moving at the pace of social change, but may in some instances require substantial jumps to keep up. One such jump is in progress.

Changing ethical contexts for counselling

Internationally there have been considerable changes in how counselling positions itself as a professional activity. What was once a radical social movement has increasingly joined the mainstream

and slowly moved to a regulated position across the USA by legally protecting who is entitled to call themselves ‘counselor’ or offer ‘counseling services’. The UK has adopted a different model of regulation through accredited voluntary registration, which works rather like a quality kite mark. The debates around voluntary versus statutory regulation continue in many territories, with strong feelings on both sides of the debate. These positions have been further contextualized in the UK with the second consultation of SCoPEd, as discussed more fully in Chapter 12.

Regardless of whether counselling is regulated or not, there is increasing emphasis on the trustworthiness of the counsellor and, in almost all contexts, an increased expectation that counsellors ought to be accountable to their clients and other key stakeholders in their services. This is particularly true with the increased visibility of individual action through social media, where audiences of millions potentially can view and judge the actions of an individual. Whilst there is, and probably always will be, a concern about protecting client confidentiality and privacy, this is increasingly being moderated with regard to professional communications between fellow professionals on a confidential basis to enhance client safety and the quality of services provided. Counselling could be said to be maturing as a profession in terms of developing a sense of collective identity that is often stronger than the tensions between various approaches to counselling. The popularity of counselling with many people as an intervention to help with bereavement, trauma, mental and physical health issues, relationship problems, developmental and transitional issues is testimony to how counselling has advanced. However, as counselling has grown in volume of activity, so have the challenges of ensuring a shared understanding of ethical standards and that all services offered to the public meet minimum standards. Regardless of national organizations or type of regulation, the ability to establish and sustain standards will depend on creating a professional culture that encourages scrutiny and accountability between counsellors and appropriate collaboration and accountability when working with colleagues from other professions.

Human relationships at the centre

Counselling has much in common with other professions: each profession has distinctive concerns to sustain its knowledge base, advance practice, secure employment and create career pathways. Counselling is still in a process of catching up with more established professions in health and social care in most countries. It is easy to lose sight of the primary purpose of professional ethics at such critically important moments in any profession's development. Professional ethics and the development of codes, procedures and organizations are all essential features of established professions. Counsellors have strong interests in advancing their claims to being a profession and rightly invest their time and resources to satisfy the requirements of being professionals. However, this is not the primary purpose of professional ethics.

The primary purpose of professional ethics is about honouring and respecting all parties in the professional encounter; counsellors are no exception. We have had salutary reminders of this in the UK, as many of the closely related professions involved in health and social care have been affected by a long series of scandals that have had serious consequences for clients and patients. Examples include the following:

> *Failed child protection:* There have been numerous tragic cases where professionals have failed to protect young children from lethal neglect or abuse by parents/carers; in over 200 cases, from Maria Colwell (1973), Victoria Climbié (2000), Baby P (2007) to Jamie Kightley (2012), failure to share information between services has been a recurrent fault. Gangs of mostly young adult males have groomed and sexually abused vulnerable teenagers in Rotherham (2010) and other cities. Police and children's services failed to intervene effectively – even when help was sought by victims or their families. Jimmy Savile was able to use his celebrity DJ status and charitable fundraising activities to abuse over 60 vulnerable young people and adults in hospitals

and elsewhere from 1962 to 2009. He abused almost in ‘plain sight’, with police and other staff seemingly feeling unable or unwilling to act on suspicions.

Abuse of young people by professional staff: Children and young people were systematically sexually abused by staff in North Wales children’s homes (1974–1990) and elsewhere.

Serious neglect of highly dependent patients: Serious failures in basic care and neglect resulted in possibly several hundred premature deaths of elderly highly dependent patients in Stafford Hospital (2005–2009).

Unethical retention of children’s organs: During the public inquiry into excess deaths following paediatric heart surgery at Bristol Royal Infirmary, a witness revealed the unauthorized retention of about 850 children’s organs for research at Alder Hey Children’s Hospital in Liverpool from 1981 to 1996.

Murder of patients by medics and nurses: There have been a small number of cases of health workers who have used their professional role to kill several patients. Beverly Allitt was convicted for murdering four children and attempting to kill three others in 1991 by injecting overdoses of insulin. Dr Harold Shipman was convicted of murdering 15 patients between 1995 and 1998 and is suspected of murdering many more. He successfully concealed the theft of drugs used to kill patients and issued false death certificates from other health professionals by largely working alone in a system with weak monitoring of patient outcomes and inadequate accountability.

Post Office scandal: The Post Office scandal, in which hundreds of sub-postmasters were wrongly accused of theft due to faults in the Horizon computer system, stands as a stark example of systemic ethical failure. Beyond a technological error, it revealed an absence of accountability at organizational level that refused to listen. For counsellors, it serves as a reminder that ethics are not abstract ideals but lived commitments.

Grenfell Tower fire: The Grenfell Tower fire, which claimed 72 lives in June 2017, exposed deep systemic failures in housing policy, safety regulation and social justice. It was not only a tragedy of fire but of neglect, where the voices of residents, repeatedly raising concerns, were ignored. Ethically, Grenfell calls us to confront the consequences of indifference and to recognize our collective responsibility to listen, to act and to ensure that every life is valued equally.

Windrush scandal: The Windrush scandal revealed how successive government policy and systemic bias can devastate lives when humanity is lost from decision-making. People who had lived, worked and contributed to the UK for decades were wrongly detained, denied rights, or deported, treated as strangers in their own home. Ethically, it compels us to reflect on dignity, justice and the profound harm caused when institutions forget the people at the heart of their policies.

Contaminated blood scandal: The contaminated blood scandal, which affected thousands of people in the UK from the 1970s onwards, stands as a profound breach of trust between citizens and the systems meant to protect them. Patients were given blood products infected with HIV and hepatitis, often without their knowledge, and then left to face years of denial and silence. Ethically, it reminds us that transparency, honesty and accountability are not optional in care but are the very foundations of compassion and justice.

What is particularly troubling about these scandals is that professionals who tried to raise legitimate concerns at the earlier stages in things going wrong were often ignored, silenced or bullied. The dominant culture has been to protect the reputation of the service or the profession rather than protect the client. It is such a common response across different types of scandal, different professions and settings that it appears to be deeply embedded in the prevailing culture. Culture is probably one of the most complex and powerful influences on behaviour. It is also one of the most

difficult to change once it is established within an organization or across organizations.

Attending to the client's safety and wellbeing

This means putting the client at the heart of all we do and being particularly attentive to their safety and wellbeing whilst working with them. It also means that where there are choices to be made, careful consideration must be given to the impact on clients. This does not exempt us from difficult decisions. We will still find ourselves having to decide between the needs of individual clients and the best ways of providing services when demand outstrips supply. This is always difficult when the available resources are limited or need to be rationed. This is a situation where good practice encourages shared communications between managers, counsellors and their supervisors to reach the fairest possible decision.

Putting our clients first raises the issue of how to communicate our ethical commitments as effectively as possible to clients. Most codes and ethical frameworks are too lengthy and complex as documents to be of interest to any but a minority of clients. Some professions in the UK have been experimenting with succinct statements of key ethical 'duties'. The simplicity and shortness of this way of expressing ethical commitments appear to be well received by clients. This is an approach that seems to have potential for counselling as a way of communicating our ethical commitments to clients, colleagues in other professions and ourselves.

Recognizing the significance of trust

Recognizing the significance of trust and being trustworthy is a substantial ethical challenge that directs our attention to specific issues. 'Trust' is a word that often passes unnoticed in ethics as being too vague and imprecise to carry substantive ethical content. It can be used as little more than a feel-good factor that elicits positive responses. However, trust can also carry substantial ethical content when its implications are considered more carefully, especially in

contexts like counselling where the quality and integrity of the relationship carry such ethical significance. Trust can be defined in ways that address areas of client vulnerability and express the counsellor's awareness and commitment in responding to them in ways that promote a client's wellbeing. Many relational challenges arise from the difference and inequality between client and counsellor. They can be particularly acute at the beginning of a counselling relationship when the client may feel vulnerable to being diminished, blamed or scapegoated because of differences or feel disempowered by being in the position of seeking help from someone who is assumed to have the expertise and associated authority of a healer. These relational challenges can be increased when the client is raising issues that carry a stigma in the prevailing social culture or are strongly associated with social disadvantage in the prevailing social hierarchies. Another pair of challenges may inhibit a client's trust in the counsellor and the counselling processes. They relate to risk and the risk of making changes or the uncertainty of the beneficial outcome of any changes. It appears to be one of the paradoxes of human experience that the more trapped we are in emotional or mental difficulties, the more frightening it is to imagine the possibility of change.

Trust can be defined as a relationship of sufficient goodwill and resilience to withstand:

- the relational challenges of difference and inequality;
- transitional or existential challenges of risk and uncertainty.

There are many other ways of identifying the key issues involved in trust and mistrust in particular counselling relationships, but probably none is better than discussing them directly with a client when appropriate. Being trustworthy as a counsellor requires ethical integrity, competence, relational insight supported by good communication skills and sufficient personal resilience to work with a client's difficulties. This resilience is often enhanced by supervision

and good relationships with colleagues. Asking ourselves as counsellors what we need to do or be in order to be trustworthy will usually identify significant ethical issues in our work.

Social justice in context 18.1

Being trustworthy in the face of mistrust requires a strong sense of integrity and resilience. Ed (whom we met in Chapter 11) mistrusts his counsellor's wealth and lifestyle that are so different from his own. Imagine yourself in the counsellor's and client's position and consider what are obstacles to trust that will need to be overcome from each person's perspective. What can the counsellor do to increase her trustworthiness? If you are the counsellor, what professional or personal moral qualities/virtues will you draw on?

Challenging unnecessary and counterproductive secrecy

Being professionally curious about colleagues' practice may seem counter-cultural in a profession as concerned about confidentiality and privacy as counselling. However, secrecy might conceal unsafe or ineffective practices, and being professionally curious about each other's practice may be one of the best means of protection that we can offer to our clients against exploitation and poor levels of service. Professional curiosity is much more effective than official vetting and barring processes, important as these are. Criminal record checks involved in vetting and barring only identify people who have been detected as criminally exploiting vulnerable people. These are a small minority of cases; in comparison, professional curiosity can be more free-ranging and can identify and deter someone's behaviour before it has reached the level of exploitation (see Chapter 9). Such professional curiosity needs to be respectful

of clients and their right to confidentiality whilst taking account of the importance of client safety.

Being constructive and supportive of each other when facing ethical challenges

Finding the courage, resourcefulness and resilience to face ethical challenges is usually much harder when working in isolation. Just as clients are supported by their internalization of a counsellor's goodwill towards them and their opportunities to learn from the counselling process, so can we be supported by the constructive contributions of our peers.

Willingness to challenge each other when we have significant doubts about the safety of someone's practice

A positive professional culture provides both support – as in the previous point – and challenge. Getting the balance right enriches the professional culture and opportunities for learning for everyone. However, there are situations that may arise that will require us to have the courage to raise our concerns about someone's practice with that person. Sometimes this will be sufficient because our concerns will prove ill-founded or adequate countermeasures will have been taken. But where those concerns seem justified and appear to be putting clients at risk of harm, it will be ethically desirable to raise those concerns with an employer or professional body as appropriate. This is much more easily said than done. The history of professions suggests there is a considerable reluctance to challenge each other's practice in this way. It is not unknown for whistleblowers to be treated badly by colleagues even when their concerns have proved more than justified and patients or clients have been protected from significant harm. Although it is reasonable to be cautious about escalating our concerns about the practice of another professional, it is ethically highly desirable that we do so when the need arises.

Ethical mindfulness

Reason and emotion both have a substantial part to play in being ethical. We need an ability to reason in order to analyse and evaluate our ethical decisions. Emotion helps us to sense what is right or wrong and how it relates to the experience of others. Empathy is the capability to enter imaginatively into the experience of someone and feel how they might feel. It is an essential capability in counselling. But empathy is also the basis of being ethically concerned for others. Feeling and reason combine in ethics in ways that can only be partially or imperfectly captured in words. Each approach to ethics as principles, values or virtues, including the relational virtues of care or trust, has strengths and foregrounds some aspect of ethical experience and commitment. But each is also partial and limited. Bond argued that ethical mindfulness transcends these limitations in the previous edition of this book.

Focusing down on an ethical issue and emptying the mind systematically to sense the ethical dynamics at play is a powerful experience. It is a felt sense-making activity – something that blends what is so often separated out. When in touch with a felt sense, our ethical awareness can seem sharper and more grounded. But when that felt sense is elusive, we might feel ethically impoverished, even struggling, detached and purposeless. The first is a state of ethical mindfulness and the second various states of ethical mindlessness. The strength of ethical mindfulness is that sense of being able to dwell on and stay with a challenging ethical issue, feeling its gravity but usually without being overwhelmed. It is possible to move around the issue and experience it from different positions: sometimes the felt sense is verbal but it may not need words. It provides a powerful experience of deepening an appreciation of different aspects of an issue and seeing them afresh in ways that may affirm previous understandings or offer new insights.

Ethical integrity

‘Integrity’ is a word with many shades of meaning, from being undivided, in a state of completeness, morally upright, sincere or honest. A felt sense is more one of knowing the ground upon which you are standing and a sense of commitment to the wellbeing of another person. Ethical mindfulness does not eliminate the need to use reason and feelings, attempt to communicate in words, or to examine whether good intent produces the desired outcomes: that is one of its limitations. But each of these activities feels as if it represents something of more substance. Something another person can rely on. Ethical mindfulness secures a commitment that is more deeply rooted than reason or feeling alone can achieve. Ethical mindfulness is a state of mind that can be developed and refreshed to help us face the ethical complexity, diversity and continually changing nature of contemporary life through a process of reflectivity, reflexivity, truth, compassion and an honouring of the diverse nature of the world in which we live.

Conclusion

The increasing visibility of counselling in the UK brings both opportunity and responsibility. As the profession steps further into public consciousness, our ethical obligations do not lessen, they deepen. Visibility means scrutiny, and rightly so. We must be transparent in our practices, robust in our boundaries and consistent in our commitment to wellbeing. Ethical practice cannot be static; it must evolve alongside the contexts in which we work. The more visible we become, the more we must question how power, access and representation shape our profession. Counselling and counsellors cannot afford to be complacent. It must remain ethically anchored while responsive to change. Ultimately, visibility should not be pursued for its own sake, but as a by-product of meaningful, ethical and inclusive work. As practitioners, our task is to ensure that visibility enhances, not dilutes, the values that sit at the heart of our profession.

Pause for reflection 18.1

\a Trustworthiness

How do you ensure that you are trustworthy to your clients? How trustworthy does your counselling appear to be from a client's perspective? What are the issues that need particular care? Likewise, how do you support other counsellors, particularly colleagues in addressing ethical issues and meeting the challenges of delivering counselling services to an adequate standard?

GLOSSARY

All terms are defined as currently used in ethics for counselling and the talking therapies.

Acceptance
Relating positively to someone's values and identity that may be different from your own.

Accessible
Easily entered if a building or space; easy to find and use if an electronic resource.

Accountability
Being willing to explain any decisions or actions taken for which you are responsible.

Accredited voluntary register
A form of professional regulation in the UK run by the Professional Standards Authority as an alternative to statutory regulation – operates like a kite mark to assure the quality of services offered to the public.

Advice
Providing information and an opinion about the best way of acting on that information – the style of advice-giving can vary from very directive to facilitative.

Advocacy
To give voice in support of another, or of a particular position. Often used in the helping professions to support the cause of someone less able to argue their own case.

Agency policy
An agency's preferred course of action that all staff are expected to implement.

Autonomy
Ethical principle that protects the right to self-government and to make one's own decisions.

Befriending

A way of reaching out to people who are vulnerable or isolated by offering friendship and social support.

Beneficence

Ethical principle that prioritizes doing good and benefiting the person affected.

Boundaries

The limits between ethically acceptable and unacceptable influence over others or the line between acceptable and unacceptable relationships.

Coaching

A type of mentoring that combines modelling and tutoring as ways of improving performance or wellbeing.

Codes

Statement of ethical values, principles or rules required to be a member of a particular professional body.

Competence

Possessing adequate knowledge and skills in order to perform a task or deliver a service satisfactorily.

Confidentiality

Protection of personally sensitive information from unauthorized disclosure. Literally means ‘strong trust’, i.e. strong enough to be trusted with another person’s private information.

Contract

An agreement between people about how something will be achieved or delivered – clear contracting strengthens ethical practice.

Counselling

‘Counselling’ to professional standards means providing knowledgeable, skilled and ethical assistance, typically for emotional, psychological or relational problems. In popular or everyday speech ‘counselling’ may include giving advice.

Counselling professions

More inclusive of a range of associated activities, such as counselling, psychotherapy, counselling skills and coaching, first

formally used in BACP's *Ethical Framework for the Counselling Professions*, initially published in 2016.

Counselling skills

Skills drawing on the knowledge, skills and ethics of professional counselling to provide informal help to someone in a social context, or used to assist the delivery or as part of a specialized professional role such as nurse, teacher or social worker.

Cultural differences

These are differences in values, identity and ways of life between people that need to be taken into account when delivering counselling and deciding what is ethical.

Culture

Culture concerns the values, identity and ways of life that influence the ways people interact with each other – an invisible force that can bind people together or seem problematic and puzzling when viewed from another culture.

Digital

Involving electronic or computer-generated communications.

Dilemma

A difficult choice between two or more options that are similarly good or bad so that there is no obvious preferred choice.

Disability

Impaired physical/mental functioning – more positively viewed as 'differently able'. There is an ethical obligation to make reasonable adjustments to empower and enable social inclusion.

Disclosure

The communication of personally significant information.

Discrimination

Distinguishing between people on the basis of particular characteristics – becomes ethically and legally problematic if it involves treating people in a prejudiced or unfavourable way in comparison to others.

Diversity

Being different or varied.

Duty of care

A legal term for a personal or social responsibility to someone that forms the basis for liability in negligence when not fulfilled.

Embedded counselling

When helpers, including professionals, are willing to listen and respond constructively to the emotional pain and personal stories of people seeking their help.

Equality

Where every person has equal rights and a fair chance. It is an approach recognizing that different people have different starting points.

Ethical standards

An ethically required level of performance.

Ethics

Moral principles or systems of thought to help people distinguish between good and bad.

Euthanasia

Enabling a gentle and easy death – a good death.

Evidence-based practice

Practice informed by rigorous research into its effectiveness and safety.

Evidence-informed practice

Practice informed by a wide range of research approaches beyond randomized controlled trials.

Exploitation

Taking unfair advantage of someone.

Guidance

Directing someone towards the best possible course of action or decision.

Identity

The personal characteristics that enable people to know who they are and what distinguishes them from others.

Illness

When good heath is disrupted by infection or other causes.

Impaired functioning

Performing at a level below what is usual or desirable for the person affected.

Inclusion

Where every person feels respected, valued, and that they have a contribution to make.

Insurance

Paying for protection from financial or other types of losses.

Integrity

Being honest, and actions based on strong moral and ethical principles.

Issues

Significant problems or topics that require a decision or action to resolve them.

Justice

An ethical and/or legal principle concerning fairness and impartiality.

Law

A system of public morals enforced by the courts.

Life-saving treatment

Treatments for medical conditions that would otherwise be fatal.

Limitations

Restrictions in application or performance.

Mentoring

Supportive relationship designed to assist someone with difficult transitions, compensate for disadvantages in their life, or sustain challenging roles.

Mindfulness

Consciously brought to the front of your mind and integrated into your sense of self.

Morals

Habits of life concerning right and wrong.

Negligence

A failure to fulfil a legal duty of care that causes harm.

Non-maleficence

Ethical principle that prioritizes ‘do no harm’ – better to do nothing than to cause harm.

Notes

A summary of a counselling session or other professional activities.

Online

Communicating with someone by means of the internet, e.g. messaging or video communication.

Practitioner psychologist

A legally protected title in the UK that may only be used by someone registered as a specialist psychologist with the Health and Care Professions Council (HCPC).

Prejudice

Harm or injury caused by ill-founded judgement of someone.

Privacy

Freedom from intrusion or disturbance.

Problems

Provokes doubt or causes difficulty.

Process notes

Summary of a counsellor’s personal feelings and psychological processes in response to a client’s communications.

Processing

A technical term in data protection for doing just about anything with data.

Psychotherapy

Either counselling under another name *or* therapy for more severe types of mental illness or personal disturbances.

Public interest

For the general good of a community or a nation.

Records

Any type of evidence that indicates what happened in counselling.

Regulation

Authoritative rule for controlling behaviour or how something ought to be undertaken.

Relational ethics

An approach to ethical practice that emphasizes the quality of human relationships, viewing ethical decision-making as a dynamic, context-dependent process grounded in empathy, mutual respect and responsibility within the relationship itself.

Research

A systematic inquiry or experiment to advance knowledge.

Respect

Honouring or showing esteem to another person.

Responsibility

Commitment to working to an adequate standard for which you are willing to be accountable.

Rights

Legally, morally or ethically justified entitlements.

Safety

Protected or guarded against harm.

SCoPEd

Scope of practice in education and practice in the counselling professions, a project initiated by BACP, UKCP and BPC.

Security

Safe from harm or intrusion.

Self-harm

Intentionally or recklessly causing injury to self.

Self-respect

Treating oneself as worthy of honour and esteem.

Social diversity

A description of a social structure that recognizes communities representing difference amongst people, including around age, race, culture, disability, income, gender, sexual identity.

Social media

Mass communication using the internet for social purposes.

Standards

Recognized level or quality of performance which applies to all services of that type.

Statutory regulation

Legal control authorized by government over the entry requirements, standards and discipline for anyone using a specified occupational title.

Suicidal intent

A desire to kill oneself.

Suicide

The act of killing oneself.

Supervision

A type of professional mentoring widely used in the talking therapies to enhance the quality of service provided to clients.

Tolerance

Withholding criticism or prejudice but not necessarily offering active support or acceptance.

Trust

To have confidence that someone is on your side and doing their best for you.

Trustworthy

Behaving in ways in which people, particularly clients, can rely on your goodwill and actions concerning them.

Values

What is considered important or good in life.

Voluntary

Something undertaken of one’s own free will.

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